

PARENT INTERVIEW

***FOR PARENTS OF
2-YEAR-OLD CHILDREN***

MPR ID #:

DATE COLLECTOR ID #:

DATE: / / 19
MONTH DAY YEAR

TIME START: : AM/PM

TIME END: : AM/PM



Conducted for:
Mathematica Policy Research, Inc.
P.O. Box 2393
Princeton, NJ 08543-2393
and
Administration on Children, Youth, and
Families U.S. Department of Health and Human
Service

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Items 1.1 A-H. KIDI. MacPhee, D. *Manual: Knowledge of Infant Development*. Unpublished manuscript. University of North Carolina, 1983.

Items 1.2 A-J. PMS. *Parental Modernity Scale*. Schaefer, Earl and Marianna Edgerton. "Parental and Child Correlates of Parental Modernity." In I. E. Sigel, Ed., *Parental Belief Systems: The Psychological Consequences for Children*. Hillsdale, NJ: Lawrence Erlbaum Associates, Inc., 1985.

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Items 1.4 A-W and 1.5. PSI. Abidin, Richard R. *Parenting Stress Index*, Third Edition: Professional Manual. Odessa, FL: Psychological Assessment Resources, Inc., 1995. "Adapted and reproduced by special permission of the Publisher, Psychological Assessment Resources, Inc., Odessa, FL 33556, from the Parenting Stress Index by Richard R. Abidin, Ed.D., Copyright 1990 by PAR, Inc.. Further reproduction is prohibited without permission from PAR, Inc."

Items various, starting at 2.3. HOME. Caldwell, Bettye M., and Robert H. Bradley. *Administration Manual: Home Observation for Measurement of the Environment*. Little Rock, AR: University of Arkansas at Little Rock, 2003.

Items 3.5 A-E. FES. Reproduced by special permission of the Publisher, Mind Garden, Inc., www.mindgarden.com from the *Family Environment Scale* by Rudolf H. Moos and Bernice S. Moos. Copyright 1974, 1994, and 2002 by Rudolf Moos. All rights reserved. Further reproduction is prohibited without the Publisher's written consent.

Items 4.16 A-J. PRS. *Parent-Caregiver Relationship Scale*. Copyright James Elicker, Illene C. Noppe, and Lloyd D. Noppe, 1996.

Items 7.14 1-58. WJPICVOCAB. *Woodcock Munoz Language Survey, Picture Vocabulary Test*. Copyright (c) 1993 by The Riverside Publishing Company. Reproduced from *Woodcock-Munoz Language Survey, English and Spanish Forms* by Richard W. Woodcock and Ana F. Munoz-Sandoval with permission of the publisher. All rights reserved.

Items 10.1-10.3 *MacArthur Communicative Development Inventory*. MacArthur Communicative Development Inventories (CDI) Instruments are copyrighted by the MacArthur CDI Advisory Board.

Items 11.1 A-FF. CBC. *Achenbach System of Empirically-Based Assessment, Child Behavior Checklist*. Achenbach, Thomas M. and Leslie A. Rescorla. *Manual for the ASEBA Preschool Forms and Profiles*. Burlington, VT: University of Vermont Department of Psychiatry, 2000.

Items 13.2-13.41. CIDI DEP, ANX, ALC, DRUGS. *Composite International Diagnostic Inventories*. An updated version of the Composite International Diagnostic Inventories (CIDI) – Short Form and scoring rules can be found at: www.who.int/msa/cidi/cidif.htm.

INTRODUCTION

Hello. Thank you for agreeing to talk with us again. As I mentioned (on the phone/when we made the appointment), the entire visit will take about 2½ hours. The visit has three parts. (Just as we did last time.) I will need to spend about a half hour with (CHILD), letting (him/her) show me some of the things (he/she) has been learning. Next, I will take out different toys for (CHILD) to play with while I videotape you and (him/her) together. While you, (CHILD) and I are working together, it would be best if we were not interrupted. Finally, I will be asking you some questions about (CHILD) and your family routines. (Many of these questions are the same or similar to questions we asked you when [CHILD] was 14 months old.) As we go along, I will be telling you what we need you to do. And please, if you have any questions, feel free to ask them!

If at any time you need to take a break to take care of (CHILD) (or your other children), please let me know.

All the information you give me is confidential. Neither your name nor (CHILD)'s will be attached to any of the information you give us. If there is ever anything you are not comfortable talking about or doing, please let me know and we will skip that part.

Is this a good time for (CHILD)? We can start with (his/her) activities or with the interview if you think (he/she) isn't at (his/her) best right now.

IS THIS A GOOD TIME FOR CHILD?

YES 01 → **GO TO SECTION 0**

NO 00 → **START INTERVIEW,
RETURN TO SECTION 0
WHEN CHILD IS READY**

SECTION 0

CHILD ASSESSMENT AND VIDEOTAPE

INTERVIEWER: WHEN ARE YOU DOING THE BAYLEY?

AT START OF VISIT 01

AFTER START OF QUESTIONNAIRE 00 → Which section? ☐

WHEN YOU DO THE BAYLEY OR AT ANY TIME WHEN THE CHILD IS PRESENT, PRAISE (HIM/HER) AND NOTE PARENT'S REACTION.

YOU WILL CODE PARENT'S REACTION IN QUESTION 9.12.

INTRODUCTION TO THE BAYLEY:

- 0.1 Now I would like to give (CHILD) a chance to show us some of the skills (he/she) has been learning. These activities are designed to be fun for children and we think (he/she) will enjoy most of them.

I will need a few minutes to get my materials set up. Would you please see if (CHILD) needs anything such as (changing/a bathroom break) or a snack so that (he/she) will be comfortable. (Also, we need to make sure that the other children let (CHILD) do these tasks by (him/her)self).

- 0.2 All the toys we will use are non-toxic, clean and safe, and have been thoroughly washed. We don't expect (CHILD) to be able to do all the tasks. They are designed for a wide range of children. Please don't try and help (him/her) out.

WHEN YOU DO THE BAYLEY, IF POSSIBLE, HAVE THE PARENT COMPLETE THE SELF ADMINISTERED QUESTIONNAIRE 1. [QUESTIONS 1.2, 1.3, 1.4, 7.1, 11.1 AND 12.1.] DO NOT GIVE SAQ2 (MacARTHUR , SECTION 10) NOW.

PROCEED WITH BAYLEY BOOKLET.

SECTION 1

RAISING A CHILD

1.1

KIDI

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BRTR

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SECTION 2

CHILD'S HEALTH

The next questions are about (CHILD)'s health.

2.1

NHI

Overall, since (THIS MONTH) of last year, would you say (CHILD)'s health has been . . .

PROBE: In the last 12 months.

CIRCLE ONE

- Excellent, 01
- Very good, 02
- Good, 03
- Fair, or 04
- Poor? 05

2.2

A. Since (his/her) first birthday, how many **different** times has (CHILD) stayed in a hospital for at least one night?

|__|__| TIMES

NONE 00 → **GO TO Q2.3**

B. Altogether, since (his/her) first birthday, how many nights did (CHILD) stay in a hospital?

|__|__|__| NIGHTS

C. (Was this/Were any of these) hospitalization(s) because of an accident or injury?

YES 01

NO 00 → **GO TO D**

1) How many of these hospitalizations were because of an accident or injury?

|__|__| NUMBER OF HOSPITALIZATIONS

2) How many nights did (CHILD) stay in the hospital because of an accident or injury?

|__|__| NUMBER OF NIGHTS

D. CODE WITHOUT ASKING IF KNOWN:

How many of the (NUMBER IN Q2.2A) hospitalizations were because of . . .

1) Dehydration/diarrhea? |__|__|__| TIMES

2) Asthma/bronchitis? |__|__|__| TIMES

3) Pneumonia/acute respiratory
infection? |__|__|__| TIMES

4) Ear infection (otitis media)? |__|__|__| TIMES

5) Surgery or an operation (SPECIFY) . . . |__|__|__| TIMES

_____ |__|__|

6) Something else? (SPECIFY) |__|__|__| TIMES

_____ |__|__|

2.3

HOME

Since (CHILD)'s first birthday, how many times has (he/she) gone for well-baby checkups? Was it . . .

PROBE: These are visits to the doctor when (he/she) isn't sick, but to get (him/her) checked over or to get vaccinations.

CIRCLE ONE

Never 01

Once, 02

Twice, or 03

3 or more times? 04

2.4

SCS

The next few questions are about ways in which children can get hurt.

If (CHILD) swallows something dangerous or poisonous, do you have anything in the house to make (him/her) vomit?

PROBE: Dangerous or poisonous products such as drain opener, cleansers, dish detergents, floor cleaners, rug cleaners, disinfectants, adult medications, etc.

YES 01

NO 00 → **GO TO Q2.5**

A. What do you use?

IPECAC 01

OTHER (SPECIFY) 02

_____ |__|__|

FINGER/TONGUE
DEPRESSOR 03

MILK 04

CASTOR-OIL 05

2.5

scs

If you had to get the phone number of the poison control center in an emergency, do you know how to find it?

PROBE: This is a hotline that provides information to callers on what to do for specific types of poisoning.

YES 01

NO 00 → **GO TO Q2.6**

A. What would you do?

CIRCLE ONE

CALL 411 OR 911 01

WOULD HAVE TO LOOK IT UP .. 02

SEARCH AROUND FOR
NUMBER 03

→ **GO TO Q2.6**

HAVE AVAILABLE 04 → **ASK B**

OTHER (SPECIFY) 05 → **GO TO Q2.6**

_____ | | |

CALL HOSPITAL 06

CALL PEDIATRICIAN OR
FAMILY DOCTOR'S OFFICE/
CALL NURSE'S LINE 07

B. Where do you keep the number?

CIRCLE ONE

NEXT TO OR NEAR PHONE,
ON SPEED DIAL 01

TAPED TO CABINET, KITCHEN
WALL, OR REFRIGERATOR 02

IN OWN PHONE BOOK,
PHONE LIST 03

OTHER (SPECIFY) 04

_____ | | |

2.6 **INTERVIEWER CODE: FAMILY LIVES:**

IN AN APARTMENT 01 →
IN A HOUSE 02
PUBLIC SHELTER 03

A. WHAT FLOOR?

|_|_| FLOOR

A. INTERVIEWER CODE: FAMILY LIVES IN:

SINGLE FLOOR APARTMENT/
HOUSE 01 → **GO TO Q2.8**
MULTI-FLOOR HOUSE 02

2.7 **CODE WITHOUT ASKING IF OBSERVED:**

Do you use gates for the top of the stairs or use something else so (CHILD) stays off them?

CIRCLE ONE

HAS GATES 01

HAS SOMETHING
ELSE (SPECIFY) 02

_____ |_|_|

DON'T NEED 03

NEED BUT DON'T HAVE 04

DOOR 05

2.8

scs

CODE WITHOUT ASKING IF OBSERVED:

Do you use guards or gates for your windows?

PROBE: Do not include gates for burglars.

CIRCLE ONE

HAVE GATES 01

DON'T HAVE GATES 02

PARENT STATES DOESN'T
NEED GATES 03

PARENT STATES HAS SCREENS
OR STORM WINDOWS, DOESN'T
NEED GATES 04

2.9

Do you have covers on all your electrical outlets that don't have plugs in them?

PROBE: Covers can be plastic safety covers, tape or other coverings.

YES 01 → **GO TO Q2.10**

NO 00

A. Do you have covers on the electrical outlets that (CHILD) can reach?

scs

CIRCLE ONE

HAS OUTLET COVERS 01

DOESN'T HAVE OUTLET
COVERS 02

PARENT STATES ALL OUTLETS
ARE INACCESSIBLE 03

PARENT STATES DOESN'T
NEED COVERS 04

2.10 **INTERVIEWER CODE: DOES HOME HAVE SMOKE ALARMS?**

YES 01 → **GO TO Q2.11A**

NO 00

DON'T KNOW, NOT OBSERVED . -1

2.11 Does your (house/apartment) have smoke alarms?

SCS

YES 01

NO 00 → **GO TO Q2.12**

A. As far as you know, are the batteries working in the smoke alarms?

CIRCLE ONE

YES 01

HARD WIRED TO ELECTRICAL
SYSTEM 02

NO 00

DON'T KNOW -1

2.12 How often does (CHILD) ride in a private car? Would you say . . .

scs

CIRCLE ONE

Every day, 01

A few times a week, 02

A few times a month, or 03

Never? 04 → **GO TO Q3.1**

scs

A. When you take (CHILD) in a car, do you usually put (him/her) in a car seat, booster seat, in the regular seat with a seatbelt on, or does (he/she) just sit in the car?

CIRCLE ONE

CAR SEAT 01

BOOSTER SEAT 02

REGULAR SEATBELT 03

PARENT'S LAP 04

NO RESTRAINT 05

B. When you take (CHILD) in a car, does (he/she) usually sit in the front seat or back seat?

CIRCLE ONE

FRONT 01

BACK 02

VARIES 03

SECTION 3

HOUSEHOLD COMPOSITION

- 3.1 Not including you and (CHILD), how many other people lived in this (house/apartment) with you last month?

PROBE: In the last 30 days.

|_|_|_|

NO ONE ELSE--ONLY SELF

AND (CHILD) 00 → **GO TO Q4.1**

- 3.2 Are any of these people (your/MOTHER'S) spouse or partner?

YES 01

NO 00

3.3 How (are these people/is this person) related to (CHILD)?

CIRCLE CODE THEN RECORD NUMBER OF PEOPLE IN BOXES.

CIRCLE ALL THAT APPLY

FATHER 01 → |__|__|

STEPPARENT 02 → |__|__|

AUNT, UNCLE, GREAT-AUNT OR
GREAT-UNCLE 03 → |__|__|

GRANDPARENT OR GREAT GRANDPARENT ... 04 → |__|__|

SIBLING (BROTHER OR SISTER) 05 → |__|__|

STEPBROTHER OR STEPSISTER 06 → |__|__|

NEPHEW OR NIECE 07 → |__|__|

COUSIN 08 → |__|__|

OTHER RELATIVE OR IN-LAW 09 → |__|__|

NON-RELATIVE ADULT (INCLUDE MOTHER'S
PARTNER, BOYFRIEND) 10 → |__|__|

NON-RELATIVE CHILD 11 → |__|__|

OTHER (SPECIFY) 12 → |__|__|

_____ |__|__| _____

MOTHER 13 → |__|__|

TOTAL SHOULD EQUAL NUMBER IN Q3.1

3.4 **INTERVIEWER: CHECK Q3.1, PAGE 15. DO MOTHER AND CHILD LIVE WITH ANYONE ELSE?**

YES 01

NO 00 → **GO TO Q4.1**

3.5 I'm going to read you some statements about how the people who live with you get along and settle arguments. For each statement, please tell me if you strongly agree, mildly agree, mildly disagree, or strongly disagree with it for your household.

FES

SHOW
CARD
1

(READ ITEM) Do you strongly agree, mildly agree, mildly disagree, or strongly disagree with this?

CODE ONLY ONE RESPONSE FOR EACH STATEMENT.

	STRONGLY AGREE	MILDLY AGREE	MILDLY DISAGREE	STRONGLY DISAGREE
A. We fight a lot	04	03	02	01
B. We hardly ever lose our tempers	04	03	02	01
C. We sometimes get so angry we throw things	04	03	02	01
D. We often criticize each other	04	03	02	01
E. We sometimes hit each other	04	03	02	01

SECTION 4

CHILD CARE

[NO SHOW CARD 2 THIS INTERVIEW]

The next questions are about how much time you and other people spend taking care of (CHILD).

4.1 Is (CHILD) currently being cared for in any regular child care arrangement for two weeks or more while you work, go to school, or participate in some regular activity. Think about child care arrangements like the ones listed on this card. By regular we mean arrangements for at least 10 hours per week that lasted two weeks or more.



YES 01 → **GO TO Q4.3**

NO . 00

4.2 Is (CHILD) currently being cared for by anyone else on a regular basis?

YES 01

NO . 00 → **GO TO SECTION 5**

4.3 Not counting yourself, how many different child care arrangements are you currently using for (CHILD)?

Please count each sitter or child care provider separately. Count only those that lasted two weeks or more and please count only those that you used at least 10 hours per week.

NOTE: IF RESPONDENT STARTED WITH ONE ARRANGEMENT AND THEN RETURNED TO IT AGAIN AFTER AN INTERRUPTION OF AT LEAST ONE MONTH, COUNT AS SEPARATE ARRANGEMENTS.

|_|_| ARRANGEMENTS

4.4 Are there any other child care arrangements that (CHILD) is regularly in for less than 10 hours a week?

YES 01

NO . 00 →

**GO TO GRID
INSTRUCTIONS**

A. How many?

|_|_| ARRANGEMENTS

<div>SHOW CARD 3</div>	<ol style="list-style-type: none">1. CHILD'S FATHER OR STEPFATHER2. YOUR PARTNER OR BOYFRIEND3. CHILD'S GRANDPARENT OR GREAT-GRANDPARENT4. ANOTHER RELATIVE OF THE CHILD5. SOMEONE ELSE WHO ISN'T RELATED TO THE CHILD6. A DAY CARE CENTER, NURSERY SCHOOL OR PRESCHOOL7. SOME OTHER ARRANGEMENT
--------------------------------	--

THIS PAGE IS INTENTIONALLY BLANK.

GRID INSTRUCTIONS:

RECORD NAME OF CURRENT PROVIDER IN FIRST COLUMN. IF Q4.3 IS MORE THAN ONE, RECORD INFORMATION ON THE ARRANGEMENT CHILD IS IN FOR THE MOST HOURS IN THE FIRST COLUMN. THEN RECORD NAMES OF OTHER CURRENT PROVIDERS IN ORDER OF HOURS OF CARE.

IF MORE THAN ONE PROVIDER USED DURING THE SAME TIME PERIOD, LIST FIRST THE CHILDCARE PROVIDER WHO PROVIDES MOST HOURS OR CARE TO CHILD.

<p>ASK QUESTIONS 4.5 AND 4.5A FOR <u>ALL</u> CURRENT PROVIDERS. THEN ASK QUESTIONS 4.6-4.12 FOR EACH PROVIDER.</p> <p>4.5 <input type="checkbox"/> ECCO What (is/was) the child care arrangement you currently are using (for the <u>most hours</u>/for the next most hours)?</p> <p><input type="checkbox"/> SHOW CARD 3 RECORD NAME OF PROVIDER OR PLACE. THEN CODE TYPE OF ARRANGEMENT FROM SHOW CARD 3.</p>	<p>1 - MOST HOURS CURRENT</p> <p>_____</p> <p>_____ (NAME)</p>
<p>A. CODE WITHOUT ASKING IF KNOWN: What type of arrangement is that?</p> <p>1. CHILD'S FATHER OR STEPFATHER 01</p> <p>2. YOUR PARTNER OR BOYFRIEND 02</p> <p>3. CHILD'S GRANDPARENT OR GREAT-GRANDPARENT 03</p> <p>4. ANOTHER RELATIVE OF THE CHILD 04</p> <p>5. SOMEONE ELSE WHO ISN'T RELATED TO THE CHILD 05</p> <p>6. A DAY CARE CENTER, NURSERY SCHOOL OR PRESCHOOL 06</p> <p>7. SOME OTHER ARRANGEMENT 07</p>	<p>TYPE OF ARRANGEMENT</p> <p>↓</p> <p><u>CIRCLE ONE</u></p> <p>..... 01</p> <p>..... 02</p> <p>..... 03</p> <p>..... 04</p> <p>..... 05</p> <p>..... 06</p> <p>..... 07 → GO TO Q4.8</p>
<p>4.6 How old is this person? Is (he/she) 17 or under, 18 to 60, or over 60 years of age?</p>	<p>17 OR UNDER 01</p> <p>18 to 60 02</p> <p>Over 60 03</p>
<p>4.7 Where does (PERSON) <u>usually</u> take care of (CHILD)?</p>	<p><u>CIRCLE ONE</u></p> <p>CHILD'S HOME 01</p> <p>PROVIDER'S HOME 02</p> <p>BOTH, PROVIDER (IS/WAS) HOUSEHOLD MEMBER 03</p> <p>OTHER (SPECIFY) 04</p> <p>_____</p> <p>_____</p>

2 - MOST HOURS CURRENT	3 - MOST HOURS CURRENT	4 - MOST HOURS CURRENT
<hr/> <hr/> <p>(NAME)</p>	<hr/> <hr/> <p>(NAME)</p>	<hr/> <hr/> <p>(NAME)</p>
<p>TYPE OF ARRANGEMENT</p> <p>↓</p> <p><u>CIRCLE ONE</u></p> <p>..... 01</p> <p>..... 02</p> <p>..... 03</p> <p>..... 04</p> <p>..... 05</p> <p>..... 06 <input type="checkbox"/> → GO TO Q4.8</p> <p>..... 07 <input type="checkbox"/> → GO TO Q4.8</p>	<p>TYPE OF ARRANGEMENT</p> <p>↓</p> <p><u>CIRCLE ONE</u></p> <p>..... 01</p> <p>..... 02</p> <p>..... 03</p> <p>..... 04</p> <p>..... 05</p> <p>..... 06 <input type="checkbox"/> → GO TO Q4.8</p> <p>..... 07 <input type="checkbox"/> → GO TO Q4.8</p>	<p>TYPE OF ARRANGEMENT</p> <p>↓</p> <p><u>CIRCLE ONE</u></p> <p>..... 01</p> <p>..... 02</p> <p>..... 03</p> <p>..... 04</p> <p>..... 05</p> <p>..... 06 <input type="checkbox"/> → GO TO Q4.8</p> <p>..... 07 <input type="checkbox"/> → GO TO Q4.8</p>
<p>17 OR UNDER 01</p> <p>18 to 60 02</p> <p>Over 60 03</p>	<p>17 OR UNDER 01</p> <p>18 to 60 02</p> <p>Over 60 03</p>	<p>17 OR UNDER 01</p> <p>18 to 60 02</p> <p>Over 60 03</p>
<p><u>CIRCLE ONE</u></p> <p>CHILD'S HOME 01</p> <p>PROVIDER'S HOME 02</p> <p>BOTH, PROVIDER (IS/WAS) HOUSEHOLD MEMBER ... 03</p> <p>OTHER (SPECIFY) 04</p> <p>_____ <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<p><u>CIRCLE ONE</u></p> <p>CHILD'S HOME 01</p> <p>PROVIDER'S HOME 02</p> <p>BOTH, PROVIDER (IS/WAS) HOUSEHOLD MEMBER ... 03</p> <p>OTHER (SPECIFY) 04</p> <p>_____ <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<p><u>CIRCLE ONE</u></p> <p>CHILD'S HOME 01</p> <p>PROVIDER'S HOME 02</p> <p>BOTH, PROVIDER (IS/WAS) HOUSEHOLD MEMBER ... 03</p> <p>OTHER (SPECIFY) 04</p> <p>_____ <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>

4.8 How many months old was (CHILD) when you first used that arrangement for (him/her)?	1
	_ _ MONTHS OLD
A. CODE WITHOUT ASKING IF KNOWN: In what month (and year) did you first use that arrangement?	_ _ / _ _ MO YR
4.9 About how many hours a week (does/did) (PROVIDER) take care of (CHILD)?	_ _ HOURS
4.10 CHECK Q4.5A AND Q4.7. IS ARRANGEMENT BY A RELATIVE IN CHILD'S HOME?	YES 01 NO 00
4.11 CHECK Q4.5. IS THERE ANOTHER ARRANGEMENT?	YES .. 01 → GO TO COLUMN 2 NO ... 00 → GO TO Q4.12

2	3	4
_ _ MONTHS OLD	_ _ MONTHS OLD	_ _ MONTHS OLD
_ _ / _ _ MO YR	_ _ / _ _ MO YR	_ _ / _ _ MO YR
_ _ HOURS	_ _ HOURS	_ _ HOURS
YES 01 NO 00	YES 01 NO 00	YES 01 NO 00
YES .. 01 → GO TO COLUMN 3 NO ... 00 → GO TO Q4.12	YES .. 01 → GO TO COLUMN 4 NO ... 00 → GO TO Q4.12	YES .. 01 NO ... 00 → GO TO Q4.12

ELIGIBILITY FOR OBSERVATION CHART

1. BASIC RULE: CARE FOR 2 WEEKS OR MORE AT 10 HOURS PER WEEK OR MORE.		
2.	RELATIVE	NON-RELATIVE
Child's Home	NOT ELIGIBLE	ELIGIBLE
Elsewhere	ELIGIBLE*	ELIGIBLE

*Exception: Do not ask if care is by the father.

4.12 **CHECK QUESTIONS 4.5, 4.9 AND 4.10. IDENTIFY THE PROVIDER WHO IS ELIGIBLE FOR THE OBSERVATION BASED ON THE CHART ABOVE. START WITH PROVIDER FOR MOST HOURS. IF THAT PROVIDER IS NOT ELIGIBLE, CONSIDER NEXT PROVIDER.**

A. IS THERE A PROVIDER WHO IS ELIGIBLE BASED ON THE CONDITIONS ABOVE?

YES 01

NO 00 → **GO TO Q5.0**

4.13 (Not including [INELIGIBLE PROVIDER]), I see that (CHILD) spends the most hours being cared for by (PRIMARY PROVIDER). Is this correct?

YES 01

NO 00 →

**PROBE TO CLARIFY
MOST RECENT ELIGIBLE
ARRANGEMENT WITH
MOST HOURS.**

A. ELIGIBLE CURRENT PROVIDER IS:

PROVIDER NUMBER: |__|__|

PROVIDER/CENTER NAME:

- 4.14 How much (does/did) your household pay for this (program/arrangement)?
RECORD AMOUNT AND TIME PERIOD.

HOUSEHOLD PAYS NOTHING . . . 00
CHILDCARE PROVIDED IN
EXCHANGE FOR OTHER
SERVICE 99

GO TO Q4.16

\$ | | | . | | | PER

HOUR 01
DAY 02
WEEK 03
EVERY TWO WEEKS 04
MONTH 05
YEAR 06
DON'T KNOW -1

- 4.15 Is this amount for (CHILD) only, or does it cover other children from your household?

CIRCLE ONE

CHILD ONLY 01
FOCUS CHILD AND
OTHER CHILDREN 02
DON'T KNOW -1

A. How many other children?

| | |

4.16

PRS

Next, I am going to read some statements parents have made about the people who take care of their children. For each one, please tell me if you strongly agree, mildly agree, mildly disagree, or strongly disagree with the statement about (PROVIDER).

SHOW
CARD
1

(READ STATEMENT.) Do you strongly agree, mildly agree, mildly disagree, or strongly disagree with the statement about (PROVIDER).

CODE ONLY ONE RESPONSE FOR EACH STATEMENT.

	STRONGLY AGREE	MILDLY AGREE	(DO NOT READ) NOT SURE	MILDLY DISAGREE	STRONGLY DISAGREE
A. You feel that (PROVIDER) genuinely cares for (CHILD)	01	02	03	04	05
B. (PROVIDER) is someone you can rely on	01	02	03	04	05
C. You have a great deal of personal respect for (PROVIDER)	01	02	03	04	05
D. Overall (PROVIDER) is a caring person	01	02	03	04	05
E. (PROVIDER) has the knowledge and skills needed to be a good caregiver	01	02	03	04	05
F. You and (PROVIDER) really seem to value your relationship with each other	01	02	03	04	05
G. You know that (CHILD) really enjoys being with (PROVIDER)	01	02	03	04	05
H. You always trust (PROVIDER) to give (CHILD) good, consistent care	01	02	03	04	05
I. You really like (PROVIDER) as a person and enjoy being in (her/his) presence	01	02	03	04	05
J. When (PROVIDER) and you disagree about how (CHILD) should be taken care of, it is easy for you to work through your differences	01	02	03	04	05

SECTION 5

ABOUT CHILD'S FATHER

5.0 INTERVIEWER: YOU ARE INTERVIEWING ...

CIRCLE ONE

- MOTHER 01
- FATHER 02 → GO TO SECTION 5
SUPPLEMENT--FATHER
- GRANDMOTHER 03
- OTHER FEMALE RELATIVE (SPECIFY) . 04 → GO TO SECTION 5
SUPPLEMENT--
GRANDMOTHER
- _____ |__|__|
- OTHER (SPECIFY) 05 → GO TO SECTION 6
- _____ |__|__|
- FOSTER MOTHER 06
- FOSTER FATHER 07

The next questions are about (CHILD)'s father and other men who might be important to (him/her).

5.1 What is your relationship with (CHILD)'s biological father now? Is he your ...

CIRCLE ONE

- Husband, 01
- Live-in partner, 02
- Boyfriend, 03
- Friend, 04
- Something else, or (SPECIFY) 05
- _____ |__|__|
- Are you not in any relationship
with him at all? 06

ESTABLISHING MEN TO ASK ABOUT

5.2

CCDP

CODE WITHOUT ASKING IF KNOWN:

Now, I'd like to talk about (CHILD) and (his/her) relationship with (his/her) father. Does (CHILD)'s biological father live with you and (CHILD)?

CIRCLE ONE

CHILD USUALLY LIVES WITH
BIOLOGICAL FATHER 01 → **GO TO Q5.4**

CHILD LIVES WITH BIOLOGICAL
FATHER SOME OF THE TIME
(SPLIT CUSTODY) 02

CHILD DOES NOT LIVE WITH
BIOLOGICAL FATHER 03

VOLUNTEERED: BIOLOGICAL
FATHER DECEASED 04

DON'T KNOW WHO BIOLOGICAL
FATHER IS 05

- 5.3 Is there someone (else) who you consider to be like a father to (CHILD)?
This should be someone who spends time playing with (CHILD), taking care of (him/her) and, in general, doing the kinds of things a man who is close to a young child might do with (him/her).

YES 01

NO 00 → **GO TO SECTION 5 INSTRUCTION BELOW**

- A. Is this person your husband, partner, boyfriend, (CHILD'S) grandfather, or another relative, or someone else?

CIRCLE ONE

HUSBAND 01

PARTNER 02

BOYFRIEND 03

MATERNAL GRANDFATHER 04

PATERNAL GRANDFATHER 05

OTHER RELATIVE 06

OTHER (SPECIFY) 07

→ **GO TO C**

_____ |__|__|

- B. What is his relationship to you?

BROTHER 01

FRIEND 02

OTHER (SPECIFY) 03

_____ |__|__|

- C. Does he live in this (house/apartment) with you?

YES 01

NO 00

SECTION 5 INSTRUCTIONS:

Q5.2	Q5.3	ASK THE FOLLOWING:
01	+ NOT ASKED	= SECTION 5A
02, 03	+ 00	= SECTION 5B, PAGE 34
02, 03	+ 01	= SECTIONS 5B AND 5C, PAGE 34 THROUGH 40
04, 05, OR NOT ASKED	+ 01	= SECTION 5C, PAGE 40
04, 05, OR NOT ASKED	+ 00	= GO TO SECTION 6, PAGE 46

SECTION 5A

RESIDENT BIOLOGICAL FATHER

5.4

CODE WITHOUT ASKING IF KNOWN:

What is (CHILD)'s biological father's first name?

ECCO

REFUSED -3 →

CONTINUE. READ "HE"
OR "[CHILD'S] FATHER"
AS THE SUBSTITUTION IN
REMAINING QUESTIONS.

5.5

Is (FATHER) currently working, in school, in a training program or is he doing something else?

ECCO

CIRCLE ALL THAT APPLY

WORKING 01

UNEMPLOYED 02

LOOKING FOR WORK 03

LAID OFF 04

IN SCHOOL/TRAINING 05

IN JAIL 06

IN MILITARY 07

SOMETHING ELSE (SPECIFY) ... 08

|_|_|

DON'T KNOW -1

RETIRED 09

5.6 Has (FATHER) been living with you since (CHILD)'s first birthday?

PROBE: For the whole time?

YES 01

NO 00 → **GO TO Q5.7**

A. Since (CHILD)'s first birthday, how many months has he lived with you?

|__|__| MONTHS

[NO SHOW CARD 4 THIS INTERVIEW]

5.7 In the past month, how often has (FATHER) looked after (CHILD) while you did other things? Was it . . .

CCDP

PROBE: The last 30 days.

CIRCLE ONE

Every day or almost every day, 01

A few times a week, 02

A few times a month, 03

Once or twice, or 04

Never? 05

SHOW
CARD
5

HOME

5.7A In a typical day, does (FATHER) give you a lot, some, or no help in caring for (CHILD)?

CIRCLE ONE

A lot 01

Some 02

No help 03

5.7B And, in a typical day, do you, (FATHER) and (CHILD) get to eat together?

YES 01 →

NO 00

Which meals?

CIRCLE ALL
THAT APPLY

Breakfast 01

Lunch 02

Dinner 03

[NO SHOW CARD 6 THIS INTERVIEW]

5.8 About how often has (FATHER) done the following activities with (CHILD)?

NSFH

SHOW
CARD
7

(READ ITEM) Has (FATHER) done this several times a week, about once a week, a few times a month, several times a year, once or twice in (CHILD)'s life, or not at all?

CODE ONLY ONE RESPONSE FOR EACH STATEMENT.

	Several Times a Week	About Once a Week	A Few Times a Month	Several Times A Year	Once or Twice in (CHILD)'s Life	Not At All	DON'T KNOW
A. Reading to (CHILD) or telling (him/her) stories	01	02	03	04	05	06	-1
B. Eating a meal with (CHILD)	01	02	03	04	05	06	-1
C. Going to the playground or for a walk outside	01	02	03	04	05	06	-1
D. Playing with (CHILD) at home	01	02	03	04	05	06	-1

GO TO QUESTION 5.32, PAGE 43

SECTION 5B

NON-RESIDENT BIOLOGICAL FATHER

5.9 INTERVIEWER: CHECK Q5.2, PAGE 29. IS THERE A NON-RESIDENT BIOLOGICAL FATHER TO ASK ABOUT (Q5.2=02 OR 03)?

YES 01

NO 00 → GO TO SECTION 5C,
Q5.23, PAGE 40

5.10 CODE WITHOUT ASKING IF KNOWN:
What is (CHILD)'s biological father's first name?

ECCO

REFUSED -3 →

CONTINUE. READ "HE" OR
"[CHILD'S] FATHER" AS THE
SUBSTITUTION IN
REMAINING QUESTIONS.

5.11 Is (FATHER) currently working, in school or training program or is he doing something else?

ECCO

CIRCLE ALL THAT APPLY

WORKING 01

UNEMPLOYED 02

LOOKING FOR WORK 03

LAID OFF 04

IN SCHOOL/TRAINING 05

IN JAIL/PRISON 06

IN MILITARY 07

SOMETHING ELSE (SPECIFY) ... 08

DON'T KNOW -1

RETIRED 09

5.12 Have you had any contact with (FATHER) since (CHILD)'s first birthday?

YES 01

NO 00 → **GO TO Q5.19**

5.13 Did (FATHER) live with you at all after (CHILD)'s first birthday?

YES 01 → **GO TO Q5.14**

NO 00

A. Since (CHILD)'s first birthday, has (CHILD) had any contact with (FATHER)?

YES 01

NO 00 → **GO TO Q5.19**

5.14 And, in the last three months since (MONTH), about how often has (CHILD) seen (his/her) father? Was it . . .



CIRCLE ONE

Every day or almost every day, 01

A few times a week, 02

A few times a month, 03

About once a month, 04

Less often than that, or 05

Never? 06 → **GO TO Q5.17**

5.15

CCDP

In the past month, how often has (FATHER) looked after (CHILD) while you did other things? Was it . . .

PROBE: In the last 30 days.

SHOW
CARD
5

CIRCLE ONE

Every day or almost every day, 01

A few times a week, 02

A few times a month, 03

Once or twice, or 04

Never? 05

HOME

A. In a typical day, does (FATHER) give you a lot, some, or no help in caring for (CHILD)?

CIRCLE ONE

A lot 01

Some 02

No help 03

B. And, in a typical day, do you, (FATHER) and (CHILD) get to eat together?

YES 01 →

NO 00

Which meals?

CIRCLE ALL
THAT APPLY

Breakfast 01

Lunch 02

Dinner 03

5.16

NSFH

SHOW
CARD
7

How often has (FATHER) done the following activities with (CHILD)?

(READ ITEM). Has (FATHER) done this several times a week, about once a week, a few times a month, several times a year, once or twice in (CHILD)'s life, or not at all?

CODE ONLY ONE RESPONSE FOR EACH STATEMENT.

	Several Times a Week	About Once a Week	A Few Times a Month	Several Times A Year	Once or Twice in (CHILD)'s Life	Not At All	DON'T KNOW
A. Reading to (CHILD) or telling (him/her) stories	01	02	03	04	05	06	-1
B. Eating a meal with (CHILD)	01	02	03	04	05	06	-1
C. Going to the playground or for a walk outside . . .	01	02	03	04	05	06	-1
D. Playing with (CHILD) at home	01	02	03	04	05	06	-1

5.17

How much conflict do you and (FATHER) have over each of the following issues. For each one, please tell me if there is none, some, or a great deal of conflict.

(READ ITEM) Do you have none, some, or a great deal of conflict over this?

CODE ONLY ONE RESPONSE FOR EACH STATEMENT.

	NONE	SOME	A GREAT DEAL
A. Where (CHILD) lives	00	01	02
B. How (CHILD) is raised	00	01	02
C. How you spend money on (CHILD)	00	01	02
D. How he spends money on (CHILD)	00	01	02
E. His visits with (CHILD)	00	01	02
F. About the money he provides for raising (CHILD) . . .	00	01	02

5.18 How often has (FATHER) done any of the following for (CHILD)

(READ ITEM) Has (FATHER) done this often, sometimes or never?

CODE ONLY ONE RESPONSE FOR EACH STATEMENT.

	OFTEN	SOMETIMES	NEVER
A. Bought clothes, toys or presents for (CHILD)?	01	02	03
B. Paid for (CHILD)'s medical insurance, doctor bills, or medicines?	01	02	03
C. Given you extra money to help out?	01	02	03

5.19 Since (CHILD)'s first birthday, have you made a new legal agreement, a new informal agreement, is your old agreement unchanged, or do you now have no arrangement at all with (FATHER)?

CIRCLE ONE

NEW LEGAL 01

NEW INFORMAL 02

UNCHANGED 03 → **GO TO Q5.21**

NOT NEEDED, MARRIED TO

FATHER 04

NONE 05

→ **GO TO Q5.22**

5.20 Since (CHILD)'s first birthday, did you have to go to court to establish that (FATHER) was (CHILD)'s legal father?

YES 01

NO 00

A. When was a (formal/informal) agreement reached about child support payments? (What month and year?)

PROBE: Your best estimate will be fine.

|_|_|/19 |_|_|
MONTH YEAR

5.21 How much per month is (FATHER) supposed to pay for (CHILD)'s support?

ECCO

PROBE: Your best estimate will be fine.

\$ |_|_|_| PER MONTH

NONE 00

A. Since (DATE IN Q5.20A/CHILD's first birthday) how many times have you received money from (CHILD)'s father for (his/her) support?

|_|_| TIMES

NEVER 00

5.22 Since (CHILD)'s first birthday, how often has anyone in (FATHER)'s family, such as his mother, father or a sister or brother done any of the following for (CHILD)?

(READ ITEM) Has one of (FATHER)'s relatives done this often, sometimes, or never?

CODE ONLY ONE RESPONSE FOR EACH STATEMENT.

	OFTEN	SOMETIMES	NEVER	NA
A. Bought clothes, toys or presents for (him/her)?	01	02	03	-4
B. Babysat?	01	02	03	-4
C. Cared for (him/her) overnight?	01	02	03	-4

SECTION 5C

FATHER FIGURE

5.23 INTERVIEWER: CHECK Q5.3, PAGE 30. IS THERE A FATHER-FIGURE TO ASK ABOUT?

YES 01

NO 00 → **GO TO Q5.32,
PAGE 43**

5.24 My next questions are about (PERSON IN Q5.3A OR B) who you feel is an important man in (CHILD)'s life. What is his first name?

ECCO

_____ REFUSED -3 →

CONTINUE. READ "HE"
OR "FATHER FIGURE" AS
THE SUBSTITUTION IN
REMAINING QUESTIONS.

5.25 **CODE WITHOUT ASKING IF KNOWN:**
Is this the person you told us about when (CHILD) was 14 months old?

YES 01

NO 00

5.26 Is (FATHER-FIGURE) currently working, in school or training program or is he doing something else?

ECCO

CIRCLE ALL THAT APPLY

WORKING 01

UNEMPLOYED 02

LOOKING FOR WORK 03

LAID OFF 04

IN SCHOOL/TRAINING 05

IN JAIL 06

IN MILITARY 07

SOMETHING ELSE (SPECIFY) ... 08

_____ | | |
DON'T KNOW -1

5.27 **INTERVIEWER: IS THIS A NEW FATHER-FIGURE?**

YES 01

NO 00 → **GO TO Q5.29**

A. What is the highest grade or year of regular school that he has completed?

CODE GED AS 12

CIRCLE ONE

ELEMENTARY SCHOOL 01 02 03 04 05 06

MIDDLE/HIGH SCHOOL 07 08 09 10 11 12

COLLEGE 13 14 15 16

POST-COLLEGE 17

DON'T KNOW -1

5.28 Did (FATHER-FIGURE) live with you at all before (CHILD)'s first birthday?

YES 01

NO 00 → **GO TO Q5.29**

A. How many months did he live with you before (CHILD)'s first birthday?

|__|__| MONTHS

5.29 Has (FATHER-FIGURE) lived with you since (CHILD)'s first birthday?

YES 01

NO 00 → **GO TO Q5.30**

A. How many months has he lived with you since (CHILD)'s first birthday?

|__|__| MONTHS

5.30

CCDP

In the past month, how often has (FATHER-FIGURE) looked after (CHILD) while you did other things? Is it . . .

PROBE: In the last 30 days.

SHOW
CARD
5

CIRCLE ONE

Every day or almost every day, 01

A few times a week, 02

A few times a month, 03

Once or twice, or 04

Never? 05

HOME

A. In a typical day, does (FATHER-FIGURE) give you a lot, some, or no help in caring for (CHILD)?

CIRCLE ONE

A lot 01

Some 02

No help 03

B. And, in a typical day, do you, (FATHER-FIGURE) and (CHILD) get to eat together?

YES 01 →

NO 00

Which meals?	
	<u>CIRCLE ALL THAT APPLY</u>
Breakfast	01
Lunch	02
Dinner	03

5.31 How often has (FATHER-FIGURE) done the following activities with (CHILD)?

NSFH

SHOW
CARD
7

(READ ITEM) Has (FATHER-FIGURE) done this several times a week, about once a week, a few times a month, several times a year, once or twice in (CHILD)'s life, or not at all?

CODE ONLY ONE RESPONSE FOR EACH STATEMENT.

	Several Times a Week	About Once a Week	A Few Times a Month	Several Times A Year	Once or Twice in (CHILD)'s Life	Not At All	DON'T KNOW
A. Reading to (CHILD) or telling (him/her) stories	01	02	03	04	05	06	-1
B. Eating a meal with (CHILD)	01	02	03	04	05	06	-1
C. Going to the playground or for a walk outside . . .	01	02	03	04	05	06	-1
D. Playing with (CHILD) at home	01	02	03	04	05	06	-1

SECTION 5D

MOTHER FIGURE

5.32 Is there any woman other than yourself who is like a mother to (CHILD)?

YES 01

NO 00 → **GO TO SECTION 6**

**IF RESPONDENT MENTIONS MORE THAN 1, PROBE FOR THE
“MOTHER FIGURE” CHILD IS CLOSEST TO:**

A. Who is this person?

CIRCLE ONE

- RESPONDENT'S MOTHER (CHILD'S
MATERNAL GRANDMOTHER) 01
- RESPONDENT'S SISTER (CHILD'S
MATERNAL AUNT) 02
- RESPONDENT'S FEMALE FRIEND 03
- FATHER'S MOTHER (CHILD'S
PATERNAL GRANDMOTHER) 04
- FATHER'S SISTER (CHILD'S
PATERNAL AUNT) 05
- TEACHER OR CHILD
CARE PROVIDER 06
- A NEIGHBOR 07
- RESPONDENT'S OTHER FEMALE
RELATIVES (INCLUDING
GODMOTHER) 08
- BOYFRIEND'S MOTHER OR
OTHER RELATIVE 09
- CHILD'S SISTER/MOTHER'S
DAUGHTER 10
- OTHER (SPECIFY) 11

____|____|

B. And, in the last three months since (MONTH), about how often has
(CHILD) seen this person? Was it . . .

CIRCLE ONE



- Every day or almost every day, 01
- A few times a week, 02
- A few times a month, 03
- About once a month, 04
- Less often than that, or 05
- Never? 06

5.33

NSFH

How often has (MOTHER-FIGURE) done the following activities with (CHILD)?

SHOW
CARD
7

(READ ITEM) Has (MOTHER-FIGURE) done this several times a week, about once a week, a few times a month, several times a year, once or twice in (CHILD)'s life, or not at all?

CODE ONLY ONE RESPONSE FOR EACH STATEMENT.

	Several Times a Week	About Once a Week	A Few Times a Month	Several Times A Year	Once or Twice in (CHILD)'s Life	Not At All	DON'T KNOW
A. Reading to (CHILD) or telling (him/her) stories	01	02	03	04	05	06	-1
B. Eating a meal with (CHILD)	01	02	03	04	05	06	-1
C. Going to the playground or for a walk outside . . .	01	02	03	04	05	06	-1
D. Playing with (CHILD) at home	01	02	03	04	05	06	-1

SECTION 6

FAMILY ROUTINES

The next questions are about some of your family routines.

6.1

TPD

CODE WITHOUT ASKING IF KNOWN:

Do you have a television?

YES 01

NO 00 → **GO TO Q6.2**

A. About how many hours is the television on in your home during a typical weekend day?

PROBE: Your best estimate will be fine.

|_|_| HOURS

6.2

FRQ

Does (CHILD) have a regular bedtime during the week?

YES 01

NO 00 → **GO TO Q6.2C**

A. When is (CHILD)'s regular bedtime?

|_|_|:|_|_|

B. How many times in the last week, Monday through Friday, was (CHILD) put to bed at that time?

CIRCLE ONE ONLY

00 01 02 03 04 05

- C. Some families have a routine of things they do when it is time to put a child to sleep. Do you (or FATHER/FATHER-FIGURE) have a regular routine of things you do with (CHILD) when you put (him/her) to sleep?

YES 01

NO 00 → **GO TO Q6.3**

- D. What kinds of things are part of (CHILD)'s regular bedtime routine?

PROBE: Anything else?

CIRCLE ALL THAT APPLY

GIVE COMFORT TOY/OBJECT .. 01 →

BATHE OR WASH 02

CHANGE DIAPER/TAKE TO
TOILET 03

READ A STORY 04

TELL A STORY 05

CUDDLE/RUB CHILD'S BACK 06

PLAY GAME 07

TALK 08

GIVE DRINK/SNACK 09

SING OR HUM 10

OTHER (SPECIFY) 11

PROBE: Comfort toy = teddy bear,
stuffed animal, doll, etc.

Comfort object = blanket,
pillow, piece of cloth, etc.

____|____|____|

- E. How many times in the last week, Monday through Friday, were you (or FATHER/FATHER-FIGURE) and (CHILD) able to follow this type of routine?

CIRCLE ONE ONLY

00 01 02 03 04 05

6.3 Does (CHILD) have one regular place where (he/she) usually sleeps at night?

PROBE: The same place.

YES 01

NO 00 → **GO TO SECTION 7**

A. Where does (CHILD) usually sleep?

CIRCLE ONE

IN OWN ROOM 01

ALONE IN LIVING ROOM 02

ALONE IN OTHER ROOM 03

WITH PARENT, IN ROOM 04

WITH PARENT, IN BED 05

WITH PARENT AND OTHER
CHILDREN IN ROOM 06

WITH OTHER ADULT 07

WITH OTHER CHILDREN 08

AT SOMEONE ELSE'S
HOME (SPECIFY) 09

_____ |__|__|

B. How many times in the last week, Monday through Friday, did (CHILD) go to sleep in this place?

CIRCLE ONE ONLY

00 01 02 03 04 05

SECTION 7

PARENT-CHILD ACTIVITIES AND LANGUAGE AND CULTURAL ORIENTATION

7.0 DID PARENT COMPLETE THE SELF-ADMINISTERED VERSION OF THESE QUESTIONS?

YES 01 → **GO TO Q7.2**

NO 00 → **CONTINUE**

7.1 How many times in the past month have you done any of the following with (CHILD)?

SCS
SNOW

In the past month, how often did you (READ ITEM)? Was it more than once a day, about once a day, a few times a week, a few times a month, rarely, or not at all in the past month?

HOME

PROBE: In the last 30 days.

SHOW
CARD
9

CODE ONLY ONE RESPONSE FOR EACH STATEMENT.

	More Than Once a Day	About Once a Day	A Few Times a Week	A Few Times a Month	Rarely	Not At All
A. Sing nursery rhymes like “Jack and Jill” with (him/her)	01	02	03	04	05	06
B. Sing songs with (him/her)?	01	02	03	04	05	06
C. Dance with (him/her)?	01	02	03	04	05	06
D. Read stories to (CHILD)?	01	02	03	04	05	06
E. Tell stories to (him/her)?	01	02	03	04	05	06
F. Play outside in the yard, a park or a playground with (him/her)?	01	02	03	04	05	06
G. Play chasing games?	01	02	03	04	05	06
H. Have relatives visit you?	01	02	03	04	05	06
I. Take (CHILD) with you to visit relatives?	01	02	03	04	05	06
J. Take (CHILD) grocery shopping with you?	01	02	03	04	05	06
K. Take (CHILD) with you to a religious service or religious event?	01	02	03	04	05	06
L. Take (CHILD) with you to an activity at a community center?	01	02	03	04	05	06
M. Go to a restaurant or out to eat with (CHILD)?	01	02	03	04	05	06
N. Go to a public place like a zoo or museum with (CHILD)?	01	02	03	04	05	06
O. Try to tease (CHILD) to get (him/her) to laugh	01	02	03	04	05	06

7.2

HOME

In the past month, how many people have helped you out by watching (CHILD) when you were away from home and couldn't take (him/her) with you? Would you say . . .

1-2, 01

3-5, or 02

6 or More 03

7.3

scs

Parents sometimes have to be away from home for a night or two. In the past month, have you been away from (CHILD) overnight?

PROBE: In the last 30 days.

YES 01

NO 00

7.4

Since (CHILD)'s first birthday, have there ever been periods of **one week or more** when you and (CHILD) did not live together, either because you were away from home or (CHILD) was away from the home?

YES 01

NO 00 → **GO TO Q7.6**

7.5 Since (his/her) first birthday, how many times have you and (CHILD) been separated for a week or more?

|__|__| TIMES

A. Why were you and (CHILD) separated?

PROBE: Any other reasons?

CIRCLE ALL THAT APPLY

CHILD'S ILLNESS 01

COURT OR AGENCY REMOVED
CHILD FROM HOME 02

MOTHER'S WORK SCHEDULE .. 03

MOTHER INSTITUTIONALIZED/
JAILED 04

MOTHER MOVED ELSEWHERE . 05

MOTHERS VACATION 06

OTHER (SPECIFY) 07

_____ |__|__|

OTHER (SPECIFY) 08

_____ |__|__|

VISITED FATHER/
FATHER-FIGURE 09

VISITED RELATIVES 10

The next questions are about some of the ways you may spend your time.

7.6 About how often do you read at home? Is it . . .

CIRCLE ONE



Every day or almost every day, 01

A few times a week, 02

Once a week (Only on Sunday), . . . 03

A few times a month, 04

A few times a year, or 05

Never? 06 → **GO TO Q7.8**

7.7 Sometimes the only chance a parent gets to read is when her (child is/ children are) asleep or being cared for by someone else. When do you do your own reading? Is it . . .



CIRCLE ONE

Only when (CHILD's/your children are) around, 01

Only when (CHILD is/your children are) asleep or with someone else, 02

Sometimes when (CHILD is/ your children are) around, 03

Or do you never have the time or opportunity for your own reading? 04

7.8 About how often do you read a newspaper? Is it . . .

TPD

CIRCLE ONE

SHOW
CARD
10

Every day or almost every day, 01

A few times a week, 02

Once a week (Only on Sunday), . . . 03

A few times a month, 04

A few times a year, or 05

Never? 06

7.9 About how many books do you have in the house? Is it . . .

HOME

PROBE: Books that are written for adults not children.

CIRCLE ONE

1-9, 01

10-20, or 02

More than 20? 03

NONE 00

7.10

We would like to know a little more about your background.

MAS

A. **CODE WITHOUT ASKING IF KNOWN:**

In what country were you born?

CIRCLE ONE

USA 01

MEXICO 02

EL SALVADOR 03

CUBA 04

OTHER CENTRAL AMERICAN
OR LATIN AMERICAN
COUNTRY (SPECIFY) 05

_____ | | |

HAITI 06

CHINA (MAINLAND) 07

TAIWAN 08

SOUTH ASIA (PAKISTAN, INDIA,
BANGLADESH) (SPECIFY) 09

_____ | | |

MIDDLE EAST (LEBANON, ISRAEL,
IRAQ, SYRIA, JORDAN, OR
IRAN) (SPECIFY) 10

_____ | | |

RUSSIA OR OTHER EASTERN
EUROPE OR FORMER SOVIET
REPUBLIC (SPECIFY) 11

_____ | | |

AFRICAN COUNTRY (SPECIFY) 12

_____ | | |

OTHER ASIAN COUNTRY (SPECIFY) ... 13

_____ | | |

EUROPEAN COUNTRY (SPECIFY) 14

_____ | | |

OTHER (SPECIFY) 15

_____ | | |

B. Was your mother born there?

YES 01 → **GO TO Q7.10C**
NO 00

1) Where was she born?

CIRCLE ONE

USA 01
MEXICO 02
EL SALVADOR 03
CUBA 04
OTHER CENTRAL AMERICAN
OR LATIN AMERICAN COUNTRY
(SPECIFY) 05

_____|_|_|
HAITI 06
CHINA (MAINLAND) 07
TAIWAN 08
SOUTH ASIA (PAKISTAN, INDIA,
BANGLADESH) (SPECIFY) 09

_____|_|_|
MIDDLE EAST (LEBANON, ISRAEL,
IRAQ, SYRIA, JORDAN, OR
IRAN) (SPECIFY) 10

_____|_|_|
RUSSIA OR OTHER EASTERN
EUROPE OR FORMER SOVIET
REPUBLIC (SPECIFY) 11

_____|_|_|
AFRICAN COUNTRY (SPECIFY) 12

_____|_|_|
OTHER ASIAN COUNTRY (SPECIFY) ... 13

_____|_|_|
EUROPEAN COUNTRY (SPECIFY) 14

_____|_|_|
OTHER (SPECIFY) 15

_____|_|_|

C. Was your father born there?

YES 01 → **GO TO Q7.11**
NO 00

1) Where was he born?

CIRCLE ONE

USA 01
MEXICO 02
EL SALVADOR 03
CUBA 04
OTHER CENTRAL AMERICAN
OR LATIN AMERICAN
COUNTRY (SPECIFY) 05

_____|_|_|
HAITI 06
CHINA (MAINLAND) 07
TAIWAN 08
SOUTH ASIA (PAKISTAN, INDIA,
BANGLADESH) (SPECIFY) 09

_____|_|_|
MIDDLE EAST (LEBANON, ISRAEL,
IRAQ, SYRIA, JORDAN, OR
IRAN) (SPECIFY) 10

_____|_|_|
RUSSIA OR OTHER EASTERN
EUROPE OR FORMER SOVIET
REPUBLIC (SPECIFY) 11

_____|_|_|
AFRICAN COUNTRY (SPECIFY) 12

_____|_|_|
OTHER ASIAN COUNTRY (SPECIFY) ... 13

_____|_|_|
EUROPEAN COUNTRY (SPECIFY) 14

_____|_|_|
OTHER (SPECIFY) 15

_____|_|_|

7.11 What language or languages do you speak at home?

CIRCLE ALL THAT APPLY

- ENGLISH 01
- SPANISH 02
- CHINESE (CANTONESE/
MANDARIN) 03
- CREOLE 04
- JAPANESE 05
- NATIVE AMERICAN 06
- SOUTH ASIAN (URDU, HINDI,
GUJARATI, ETC.) 07
- ARABIC, PERSIAN 08
- _____ 09
|_|_|_|
- _____ 10
|_|_|_|

A. IS MORE THAN ONE NON-ENGLISH LANGUAGE (02-10) CODED?

- YES 01
- NO 00 → **GO TO Q7.12**

B. Which (non-English) language is the language you use the most. Is it . . .
(READ LANGUAGE CODED 02-10)? **DO NOT INCLUDE ENGLISH.**

CIRCLE ONE

- SPANISH 02
- CHINESE (CANTONESE/
MANDARIN) 03
- CREOLE 04
- JAPANESE 05
- NATIVE AMERICAN 06
- SOUTH ASIAN (URDU, HINDI,
GUJARATI, ETC.) 07
- ARABIC, PERSIAN 08
- _____ 09
|_|_|_|
- _____ 10
|_|_|_|

7.12

CHECK Q7.11. DOES RESPONDENT ONLY SPEAK ENGLISH?

YES 01 → **GO TO Q7.14, p. 61**

NO 00

7.13

A. How much reading do you do in English? Would you say you . . .

MAS

CIRCLE ONE

Do not read in English at all, 01

SHOW
CARD
10A

Read in English only when need
to, for example, traffic signs and
items at the grocery store, 02

Read in English about half
the time, 03

Read in English most of the
time, or 04

Read in English all of the time? . . . 05

B. How much reading do you do in (LANGUAGE IN Q7.11 OR Q7.11B
IF MORE THAN ONE NON-ENGLISH LANGUAGE IN Q7.11)? Would
you say you . . .

SHOW
CARD
10A

CIRCLE ONE

Do not read in (LANGUAGE)
at all, 01

Read in (LANGUAGE) only when
need to, for example, traffic signs
and items at the grocery store, 02

Read in (LANGUAGE) about
half the time, 03

Read in (LANGUAGE)
most of the time, or 04

Read in (LANGUAGE)
all of the time? 05

C. How much do you speak in English? Would you say you . . .

CIRCLE ONE



Do not speak in English at all, 01

Speak in English only when
need to, to greet neighbors,
buy groceries, 02

Speak in English
about half the time, 03

Speak in English most of the
time, or 04

Speak in English all of the time? . . . 05

D. How much do you speak in (LANGUAGE IN Q7.11 OR Q7.11B IF
MORE THAN ONE NON-ENGLISH LANGUAGE IN Q7.11)? Would you
say you . . .

CIRCLE ONE



Do not speak in (LANGUAGE)
at all, 01

Speak in (LANGUAGE) only when
need to, to greet neighbors, buy
groceries, 02

Speak in (LANGUAGE)
about half the time, 03

Speak in (LANGUAGE)
most of the time, or 04

Speak in (LANGUAGE) all of
the time? 05

E. How much English did you use as a child? Would you say you . . .

CIRCLE ONE



Did not use English at all, 01

Used English only when need
to, to greet neighbors, buy
groceries, 02

Used English with people who
spoke English, 03

Used English most of the time,
except with elders, children,
or those who spoke only
(LANGUAGE), or 04

Used English almost all the
time, even at home with family
and friends who spoke
(LANGUAGE)? 05

F. How much (LANGUAGE IN Q7.11 OR Q7.11B IF MORE THAN ONE
NON-ENGLISH LANGUAGE IN Q7.11) did you use as a child?

CIRCLE ONE



Did not use (LANGUAGE) at all, . . . 01

Used (LANGUAGE) only when
need to, to greet neighbors, buy
groceries, 02

Used (LANGUAGE) with people
who spoke (LANGUAGE), 03

Used (LANGUAGE) most of the
time, except with elders, children,
or those who spoke only
English, or 04

Used (LANGUAGE) almost all
the time, even at home with
family and with friends
who spoke English? 05

7.14.0 THIS CHECK IS TO DETERMINE IF THE WOODCOCK JOHNSON SHOULD BE ADMINISTERED.

THIS CHECK IS TO DETERMINE IF THE WOODCOCK JOHNSON SHOULD BE ADMINISTERED.

INTERVIEWER: CHECK Q7.11. RESPONDENT SPEAKS ...

ONLY ENGLISH OR SPANISH **GO TO Q7.14**
AND ANOTHER LANGUAGE
 AT HOME 02

**ONLY ANOTHER LANGUAGE
AT HOME (NOT ENGLISH OR
SPANISH) 03 → **GO TO SECTION 8,
PAGE 63****

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SECTION 8

DISCIPLINE

Young children sometimes do things they are asked not to do, or don't do things they are asked to do. I'm going to read you three examples of the ways children can misbehave. For each one I'd like you to tell me what you do if (CHILD) behaves in this way.

8.1 If (CHILD) keeps playing with breakable things, what do you do first?

IHDP

PROBE FOR "NEVER HAPPENS": What would you do?

PROBE FOR SECOND RESPONSE: If that doesn't work, then what?

	A	B
	<i><u>CODE FIRST MENTIONED</u></i>	<i><u>CODE SECOND MENTIONED</u></i>
NOTHING--IGNORE CHILD	01	01
KEEP (HIM/HER) IN PLAYPEN (STROLLER, CRIB, WALKER) AND OUT OF EVERYTHING	02	02
SLAP (HIS/HER) HAND WHENEVER (HE/SHE) TOUCHES SOMETHING	03	03
TELL (HIM/HER) "NO!" AND EXPECT (HIM/HER) TO OBEY ...	04	04
TELL (HIM/HER) "NO!" AND EXPLAIN WHY	05	05
PUT (CHILD) IN (HIS/HER) ROOM	06	06
GIVE (CHILD) "TIME OUT" (HAVE CHILD SIT DOWN OR GO TO ROOM FOR PERIOD OF QUIET TIME)	07	07
SHOUT AT (HIM/HER)	08	08
PUT THINGS OUT OF REACH	09	09
OTHER (SPECIFY)	10	10
.....		
OTHER (SPECIFY)	11	11
.....		

8.2 If (CHILD) refuses to eat, what do you usually do?

HISPANIC
HOME

PROBE FOR “NEVER HAPPENS”: What would you do?

PROBE FOR SECOND RESPONSE: If that doesn’t work, then what?

	A	B
	<u>CODE FIRST MENTIONED</u>	<u>CODE SECOND MENTIONED</u>
IGNORE (HIM/HER)	01	01
STOP FEEDING (CHILD), (CHILD) PROBABLY NOT HUNGRY ..	02	02
TAKE FOOD AWAY	03	03
FORCE (CHILD) TO EAT	04	04
PUNISH (HIM/HER) VERBALLY	05	05
PUNISH (HIM/HER) PHYSICALLY	06	06
MAKE NEW FOOD	07	07
PLAY A GAME TO GET (HIM/HER) TO EAT	08	08
BRIBE (HIM/HER)	09	09
EXPLAIN THE IMPORTANCE OF EATING TO (HIM/HER)	10	10
SEND (CHILD) TO (HIS/HER) ROOM	11	11
GIVE (CHILD) “TIME OUT” (HAVE CHILD SIT DOWN OR GO TO ROOM FOR PERIOD OF QUIET TIME)	12	12
OTHER (SPECIFY)	13	13

OTHER (SPECIFY)	14	14

8.3 If (CHILD) has a tantrum in a public place, such as a supermarket or bus stop, and words do not work, what do you do?

PROBE FOR “NEVER HAPPENS”: What would you do?

PROBE FOR SECOND RESPONSE: If that doesn’t work, then what?

	A	B
	<i><u>CODE FIRST MENTIONED</u></i>	<i><u>CODE SECOND MENTIONED</u></i>
IGNORE (HIM/HER); NOT TALK TO (HIM/HER)	01	01
SLAP OR PHYSICALLY PUNISH (HIM/HER)	02	02
PICK UP CHILD AND LEAVE THE PLACE	03	03
LEAVE AND EXPECT CHILD TO FOLLOW	04	04
PUNISH (HIM/HER) VERBALLY	05	05
SHAKE (HIM/HER)	06	06
SHOUT AT (CHILD)	07	07
TELL (CHILD) YOU WILL PUNISH (HIM/HER) AT HOME	08	08
THREATEN TO TAKE AWAY TREATS	09	09
THREATEN “TIME OUT” WHEN YOU GET HOME	10	10
OTHER (SPECIFY)	11	11

OTHER (SPECIFY)	12	12

8.4 Sometimes children mind pretty well and sometimes they don’t. In the past week, have you or has anyone in the household spanked (CHILD) because (he/she) was misbehaving or acting up?

HOME

PROBE: Last seven days.

YES 01

NO 00 → **GO TO SECTION 9**

A. How often did this happen in the past week?

_____ TIMES

SECTION 9

HOME

NOTE: IN QS. 9.1-9.2 COUNT IF TOY OR OBJECT BELONGS TO CHILD, OR BELONGS TO OTHER CHILD BUT FOCUS CHILD CAN USE.

COUNT IF CHILD HAS TOY BUT DOESN'T PLAY WITH TOY. DO NOT COUNT IF IT IS LOST, BROKEN, STOLEN OR CHILD IS NOT ALLOWED TO PLAY WITH TOY.

The next questions are about the toys that (CHILD) has.

9.1 Thinking about toys that (CHILD) can play with around the (house/apartment) . . .



- A. About how many, if any, push or pull toys does (CHILD) have? By push and pull toys we mean toys like those on this list. Would you say (he/she) has . . .

[car on a string, cart with blocks, cornpopper, doll carriage, lawn mower, music box on a stick, shopping cart, stroller, toy vacuum cleaner, wagon, or homemade pull toy]

NUMBER OF TOYS

None 01
1-2 02
3-4 03
5 or more 04



- B. About how many, if any, toys that let (CHILD) work (his/her) muscles does (he/she) have? Here are some examples of these types of toys. Would you say (he/she) has . . .

[ball, play slide, riding toy, rocking horse, sit and spin, trampoline, TYCO treehouse (can be located in a playground close by)]

None 01
1-2 02
3-4 03
5 or more 04



- C. About how many, if any, toys that have pieces that fit together such as the things on this list does (he/she) have? Would you say (he/she) has . . .

[ball stackers, beads on a string, busy boxes, egg crate, hammer and pegs, jack-in-a-box, rings on a stick, shape sorters, and simple [single piece] puzzles]

None 01
1-2 02
3-4 03
5 or more 04



		<u>NUMBER OF TOYS</u>
D.	About how many, if any, toys that can be put together in different ways like the things on this list does (he/she) have? Would you say (he/she) has . . . <i>[stacking or nesting toys, blocks or building toys (e.g., alphabet blocks, bristle blocks, crayons and markers and paper, Legos, Lincoln logs, nuts and bolts, and tinker toys)]</i>	None 01
		1-2 02
		3-4 03
		5 or more 04
E.	About how many, if any, cuddly, soft or role-playing toys like dolls or teddy bears does (he/she) have? Would you say (he/she) has . . .	None 01
		1-2 02
		3-4 03
		5 or more 04
F.	About how many, if any, books do you have for (CHILD)? This can include children's books shared with other children. Would you say (he/she) has . . .	None 01
		1-2 02
		3-4 03
		5 or more 04
G.	About how many, if any, toys that let (him/her) make music, such as a rattle or toy that plays a musical jingle does (he/she) have? Would you say (he/she) has . . .	None 01
		1-2 02
		3-4 03
		5 or more 04
H.	About how many, if any, toys with wheels that (he/she) can ride on does (he/she) have? These can be things like a stroller or kiddie cars. Would you say (he/she) has . . .	None 01
		1-2 02
		3-4 03
		5 or more 04

9.2 **CODE WITHOUT ASKING FOR OBJECTS OBSERVED:**
Does (CHILD) have . . .

YES NO

- A. A highchair or booster chair? 01 00
- B. A child-sized table and chair? 01 00

9.3 Where are (CHILD)'s toys usually kept?

CIRCLE ONE

- TOY CHEST 01
- CLOSET 02
- DRAWER 03
- PAPER BAG 04
- PLASTIC BASKET 05
- CORNER OF ROOM 06
- OTHER (SPECIFY) 07
- _____ |__|__|
- ALL OVER, NO PLACE IN
PARTICULAR 08
- PLAYPEN 09
- BOX 10

9.4 What do you usually do when (CHILD) gets bored and isn't sure what to do?
RECORD VERBATIM THEN CODE.

PROBE: Anything else?

____|____|

CIRCLE ALL THAT APPLY

NOTHING 01
GIVE HIM/HER A COOKIE OR
SOMETHING TO EAT 02
PUT HIM/HER TO BED FOR
A NAP 03
LETS HIM/HER FIGURE OUT
WHAT HE WANTS TO DO 04
PICKS HIM UP 05
GETS OUT TOY 06
PLAYS WITH CHILD 07
TURN ON T.V./VIDEO 08
READ TO HIM 09
OTHER (SPECIFY) 10

____|____|

TAKES CHILD OUTSIDE 11
GIVES CHILD BATH 12
CHILD DOES NOT GET
BORED 13

9.5 Some people think it's a good idea to have toys around that are a little advanced for a child. Others think this isn't a good idea--that children should only be given toys that they are ready for. What do you think?

PROBE: A little advanced means toys designed for use by a somewhat older child.

GIVE THEM MORE ADVANCED
TOY 01
HOLD TOY BACK UNTIL
READY 02

- 9.6 Let's say someone gives (CHILD) a toy that is for a slightly older child. Do you . . .

CIRCLE ONE

- Give it to (him/her) and see what
(he/she) does, 01
- Explore it with (him/her), 02
- Put it away until (he/she) is older, 03
- Or do something else? (SPECIFY) 04

--	--

- 9.7 Let's say (CHILD) is trying to dress (him/her)self and picks up (his/her) clothes, but isn't able to put them on. What do you usually do?

CIRCLE ONE

- TAKE CLOTHES AWAY AND
DRESS CHILD 01
- DRESS CHILD BUT LET (HIM/HER)
KEEP TRYING 02
- TRY AND SHOW CHILD HOW
TO DO IT 03
- OTHER (SPECIFY) 04

--	--

- 9.8 Children sometimes like to play with things in a messy way, such as playing with sand, mud, water and even food. They may make a mess on their clothes, the table, and the floor. Does (CHILD) ever want to do this?

- YES 01
- NO 00

9.9 How do you feel about such messy play? Do you allow it or discourage it?

ALLOW IT 01

DISCOURAGE IT 02

9.10 **CODE WITHOUT ASKING IF OBSERVED.**

Do you have a pet such as a dog, cat, goldfish, or turtle?

YES 01

NO 00

9.11 When you are doing housework and (CHILD) wants attention, do you . . .

CIRCLE ONE

Try to finish quickly so you can feed
(him/her) or tend to (him/her), 01

Talk to or soothe (him/her) while
you finish your work, 02

Let (CHILD) help you, or 03

Stop your housework to amuse
(CHILD)? 04

OTHER (SPECIFY) 05

_____ | |

9.12 **CAN BE BASED ON EARLIER OBSERVATIONS--PRAISE CHILD:
DID PARENT RESPOND POSITIVELY?**

YES 01

NO 00

SECTION 10

MacARTHUR SHORT FORM

VOCABULARY CHECKLIST: LEVEL II (FORM B)

10.1 Children understand many more words than they say. We are particularly interested in the words your child SAYS. I have a list of words for you to look at. For each word, please tell me if you have heard your child use it. If your child uses a different pronunciation of a word, say "yes" anyway. Would you like to read this list on your own or do it together.

ON OWN 01 → **GIVE SELF-ADMINISTERED QUESTIONNAIRE**

TOGETHER 02 → **CONTINUE**

	YES	NO		YES	NO		YES	NO		YES	NO
1. baa baa	01	00	26. beads	01	00	51. store	01	00	76. big	01	00
2. moo	01	00	27. hat	01	00	52. zoo	01	00	77. black	01	00
3. ouch	01	00	28. jeans	01	00	53. baby	01	00	78. then	01	00
4. yum yum	01	00	29. shoe	01	00	54. mommy	01	00	79. careful	01	00
5. quack quack	01	00	30. feet	01	00	55. child	01	00	80. dirty	01	00
6. bird	01	00	31. nose	01	00	56. mailman	01	00	81. fine	01	00
7. duck	01	00	32. tongue	01	00	57. bath	01	00	82. mad	01	00
8. fish	01	00	33. bottle	01	00	58. bye	01	00	83. noisy	01	00
9. kitty	01	00	34. bowl	01	00	59. lunch	01	00	84. slow	01	00
10. moose	01	00	35. clock	01	00	60. night night	01	00	85. before	01	00
11. penguin	01	00	36. glass	01	00	61. no	01	00	86. today	01	00
12. boat	01	00	37. jar	01	00	62. bite	01	00	87. tomorrow	01	00
13. truck	01	00	38. keys	01	00	63. build	01	00	88. she	01	00
14. balloon	01	00	39. light	01	00	64. catch	01	00	89. their	01	00
15. present	01	00	40. telephone	01	00	65. drink	01	00	90. they	01	00
16. puzzle	01	00	41. bathtub	01	00	66. drop	01	00	91. yourself	01	00
17. cheese	01	00	42. chair	01	00	67. find	01	00	92. why	01	00
18. chicken	01	00	43. crib	01	00	68. go	01	00	93. above	01	00
19. cookie	01	00	44. porch	01	00	69. hide	01	00	94. away	01	00
20. juice	01	00	45. sofa	01	00	70. jump	01	00	95. up	01	00
21. pretzel	01	00	46. cloud	01	00	71. kick	01	00	96. none	01	00
22. salt	01	00	47. hose	01	00	72. look	01	00	97. some	01	00
23. sauce	01	00	48. sidewalk	01	00	73. pick	01	00	98. does	01	00
24. vanilla	01	00	49. sun	01	00	74. run	01	00	99. don't	01	00
25. cup	01	00	50. house	01	00	75. sit	01	00	100. were	01	00

FOR BOTH INTERVIEWER ADMINISTERED AND SAQ--DO NEXT QUESTION TOGETHER, THEN FOR SAQ GIVE PARENT INSTRUCTIONS TO STOP OR CONTINUE. FOR INTERVIEWER ADMINISTERED--FOLLOW THE SKIP INSTRUCTIONS.

10.2 Has your child begun to combine words yet, such as "nother cookie" or "doggie bite?"

NOT YET 01 → **GO TO SECTION 11**

SOMETIMES 02

OFTEN 03

- 10.3 For each of the following pairs, please tell me the one that sounds MOST like the way your child talks right now. If your child is saying sentences even longer or more complicated than the two I say, just pick the second one.

CIRCLE ONE CODE FOR EACH PAIR	
A.	Two shoe 01 Two shoes 02
B.	Two foot 01 Two feet 02
C.	Daddy car 01 Daddy's car 02 (Talking about something happening right now)
D.	Kitty sleep 01 Kitty sleeping 02 (Talking about something happening right now)
E.	I make tower 01 I making tower 02 (Talking about something that already happened)
F.	I fall down 01 I fell down 02
G.	More cookie! 01 More cookies! 02
H.	These my tooth 01 These my teeth 02
I.	Baby blanket 01 Baby's blanket 02 (Talking about something that already happened)
J.	Doggie kiss me 01 Doggie kissed me 02 (Talking about something that already happened)
K.	Daddy pick me up 01 Daddy picked me up 02 (Talking about something that already happened)

CIRCLE ONE CODE FOR EACH PAIR

L.	Kitty go away	01
	Kitty went away	02
M.	Doggie table	01
	Doggie on table	02
N.	That my truck	01
	That's my truck	02
O.	Baby crying	01
	Baby is crying	02
P.	You fix it?	01
	Can you fix it?	02
Q.	Read me story, Mommy	01
	Read me a story, Mommy	02
R.	No wash dolly	01
	Don't wash dolly	02
S.	Want more juice	01
	Want juice in there	02
T.	There a kitty	01
	There's a kitty	02
U.	Go bye-bye	01
	Wanna go bye-bye	02
V.	Where mommy go?	01
	Where did mommy go?	02
W.	Coffee hot	01
	That coffee hot	02
X.	I no do it	01
	I can't do it	02
Y.	I like read stories	01
	I like to read stories	02
Z.	Don't read book	01
	Don't want you read that book	02

CIRCLE ONE CODE FOR EACH PAIR		
AA.	Turn on light	01
	Turn on the light so I can see	02
BB.	I want that	01
	I want that one you got	02
CC.	Want cookies	01
	Want cookies and milk	02
DD.	Cookie mommy	01
	Cookie for mommy	02
EE.	Baby want eat	01
	Baby want to eat	02
FF.	Lookit me!	01
	Lookit me dancing!	02
GG.	Where's my dolly?	01
	Where's my dolly name Sam?	02
HH.	We made this	01
	Me and Paul made this	02
II.	I sing song	01
	I sing song for you	02
JJ.	Baby crying	01
	Baby crying cuz she's sad	02

SECTION 11

CHILD BEHAVIOR

11.0 DID PARENT COMPLETE THE SELF-ADMINISTERED VERSION OF THESE QUESTIONS?

YES 01 → **GO TO SECTION 12**

NO 00 → **CONTINUE**

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SECTION 12

STRESSFUL EVENTS

12.0 DID PARENT COMPLETE THE SELF-ADMINISTERED VERSION OF THESE QUESTIONS?

YES 01 → **GO TO SECTION 13**

NO 00 → **CONTINUE**

12.1 I am going to read you a list of things that sometimes happen to people. We'd like to know which of these, if any, have happened to you in the past year.

	<u>YES</u>	<u>NO</u>
1. Have you been robbed, mugged, or attacked in the past year?	01	00
2. Has one of your children been robbed, mugged or attacked in the past year?	01	00
3. Have you had a relative or close friend in jail?	01	00
4. Has your electricity or phone been cut off?	01	00
5. Have you had people living with you--relatives or friends--who you wish weren't there?	01	00
6. Have you made up with your (spouse/partner [boy/girl] friend)?	01	00
7. Has someone you were close to died or been killed in the last year?	01	00
8. During the past year, have you lived in a household where someone had a problem with alcohol or drugs?	01	00
9. Has someone abused you physically, emotionally, or sexually?	01	00
10. Have you had some sort of problems with any of your former [boy/girl]friends (or spouse)?	01	00

SECTION 13

HOW PARENT HAS BEEN FEELING

13.1 In general, would you say your health is . . .

MOS 1,3

Excellent, 01
 Very good, 02
 Good, 03
 Fair, or 04
 Poor? 05

13.2 During the past 12 months, was there ever a time when you felt sad, blue, or depressed for two weeks or more in a row?

CIDI
DEP

PROBE: Since the same month last year.

YES 01
 NO 00
 I WAS ON MEDICATION/
 ANTI-DEPRESSANTS 02

→ **GO TO Q13.12,
PAGE 83**

A. For the next few questions, please think of the two-week period during the past 12 months when these feelings were worst. During that time did the feelings of being sad, blue, or depressed usually last all day long, most of the day, about half the day, or less than half the day?

ALL DAY LONG 01
 MOST 02
 ABOUT HALF 03
 LESS THAN HALF 04 → **GO TO Q13.12**

B. During those two weeks, did you feel this way every day, almost every day, or less often?

EVERY DAY 01
 ALMOST EVERY DAY 02
 LESS OFTEN 03 → **GO TO Q13.12**

13.3 During those two weeks, did you lose interest in most things?

YES 01

NO 00

13.4 Thinking about those same two weeks, did you feel more tired out or low on energy than is usual for you?

YES 01

NO 00

13.5 (During that two week period) did you gain or lose weight without trying, or did you stay about the same?

CIRCLE ONE

GAIN 01

LOSE 02

BOTH GAINED AND LOST
WEIGHT 03

STAY ABOUT THE SAME 04

RESPONDENT WAS ON
A DIET 05

→ GO TO Q13.6

A. About how much did (you gain/you lose/your weight change)?

INTERVIEWER: IF RESPONDENT GIVES A FRACTION, PROBE:
“Please round to the nearest pound.

|__|__| POUNDS

13.6 (During that two week period) did you have more trouble falling asleep than you usually do?

YES 01

NO 00 → **GO TO Q13.7**

A. Did that happen every night, nearly every night, or less often during those two weeks?

CIRCLE ONE

EVERY NIGHT 01

NEARLY EVERY NIGHT 02

LESS OFTEN 03

13.7 (During that two week period) did you have a lot more trouble concentrating than usual?

YES 01

NO 00

13.8 People sometimes feel down on themselves, no good, or worthless. (During that two week period) did you feel this way?

YES 01

NO 00

13.9 Did you think a lot about death--(during that two week period) either your own, someone else's, or death in general?

YES 01

NO 00

13.10

INTERVIEWER: ARE THERE ANY “YES” RESPONSES IN QUESTIONS 13.3-13.9? COUNT Q13.5 AS “YES” IF Q13.5A IS 10 POUNDS OR MORE; COUNT Q13.6 AS A “YES” IF Q13.6A=1 OR 2.

NO “YES” RESPONSES 01 → **GO TO Q13.21**

ONE OR MORE “YES” RESPONSES 02 → **GO TO Q13.11**

13.11

Reviewing what you just told me, you had two weeks in a row during the past 12 months when you were sad, blue, or depressed and also had some other things like (READ ALL CATEGORIES IN “YES” RESPONSES IN QS. 13.3-13.9). About how many weeks altogether did you feel this way during the past 12 months?

PROBE: Since the same month last year.

|__|__| # OF WEEKS

OR

ENTIRE YEAR 01 → **GO TO Q13.11B**

A. Think about the most recent time when you had two weeks in a row when you felt this way. In what month and year was this?

NOTE: IF WENT OVER MORE THAN ONE MONTH, CODE START MONTH.

|__|__| / 19 |__|__|
MONTH YEAR

B. Did you tell a doctor about these problems? (By “doctor” I mean either a medical doctor or osteopath, or a student in training to be either a medical doctor or osteopath.)

YES 01

NO 00

C. Did you tell any other professional (such as a psychologist, social worker, counselor, nurse, clergy, or other helping professional)?

YES 01

NO 00

D. Did you take medication or use drugs or alcohol more than once for these problems?

YES 01

NO 00

E. How much did these problems interfere with your life or activities--a lot, some, a little, or not at all?

A LOT 01

SOME 02

A LITTLE 03

NOT AT ALL 04

GO TO Q13.21

13.12 During the past 12 months, was there ever a time lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?

PROBE: Since the same month last year.

YES 01

NO 00

IF WAS ON MEDICATION/
ANTI-DEPRESSANTS 02

**GO TO Q13.21,
PAGE 87**

- A. For the next few questions, please think of the two-week period during the past 12 months when you had the most complete loss of interest in things. During that two-week period, did the loss of interest usually last all day long, most of the day, about half the day, or less than half the day?

PROBE: Since the same month a year ago.

ALL DAY LONG 01
MOST 02
ABOUT HALF 03
LESS THAN HALF 04 → **GO TO Q13.21**

- B. Did you feel this way every day, almost every day, or less often during the two weeks?

EVERY DAY 01
ALMOST EVERY DAY 02
LESS OFTEN 03 → **GO TO Q13.21**

- 13.13 During those two weeks, did you feel more tired out or low on energy than is usual for you?

YES 01
NO 00

- 13.14 (During that two week period) did you gain weight, lose weight without trying, or did you stay about the same?

GAIN 01
LOSE 02
BOTH GAINED AND LOST
WEIGHT. 03
STAY ABOUT THE SAME 04
RESPONDENT WAS ON
A DIET 05 } → **GO TO Q13.15**

A. About how much did (you gain/you lose/your weight change)?

INTERVIEWER: IF RESPONDENT GIVES A FRACTION, PROBE:

"Please round to the nearest pound.

|__|__| POUNDS

13.15 (During that two week period) did you have more trouble falling asleep than you usually do?

YES 01

NO 00 → **GO TO Q13.16**

A. Did that happen every night, nearly every night, or less often during those two weeks?

CIRCLE ONE

EVERY NIGHT 01

NEARLY EVERY NIGHT 02

LESS OFTEN 03

13.16 (During that two week period) did you have a lot more trouble concentrating than usual?

YES 01

NO 00

13.17 People sometimes feel down on themselves, no good, or worthless. (During that two week period) did you feel this way?

YES 01

NO 00

13.18 Did you think a lot about death--(during that two week period) either your own, someone else's, or death in general?

YES 01

NO 00

13.19 **INTERVIEWER: ARE THERE ANY "YES" RESPONSES IN QUESTIONS 13.11-13.16? COUNT Q13.14 AS "YES" IF Q13.14A IS 10 POUNDS OR MORE; COUNT Q13.15 "YES" IF Q13.15A=1 OR 2.**

NO "YES" RESPONSES 01 → **GO TO Q13.21**

ONE OR MORE "YES" RESPONSES 02 → **GO TO Q13.20**

13.20 Reviewing what you just told me, you had two weeks in a row when you lost interest in most things and also had some other things like (READ ALL CATEGORIES IN "YES" RESPONSES IN QS. 13.13-13.18). About how many weeks altogether did you feel this way during the past 12 months?

NOTE: IF WENT OVER MORE THAN ONE MONTH, CODE START MONTH.

|__|__| # OF WEEKS

OR

ENTIRE YEAR 01 → **GO TO Q13.20B**

A. Think about this most recent time when you had two weeks in a row when you felt this way. In what month and year was this?

|__|__| / 19 |__|__|
MONTH YEAR

B. Did you tell a doctor about these problems? (By "doctor" I mean either a medical doctor or osteopath, or a student in training to be either a medical doctor or osteopath.)

YES 01

NO 00

C. Did you tell any other professional (such as a psychologist, social worker, counselor, nurse, clergy, or other helping professional)?

YES 01

NO 00

D. Did you take medication or use drugs or alcohol more than once for these problems?

YES 01

NO 00

E. How much did these problems interfere with your life or activities--a lot, some, a little, or not at all?

CIRCLE ONE

A LOT 01

SOME 02

A LITTLE 03

NOT AT ALL 04

13.21



During the past 12 months, did you ever have a period lasting one month or longer when most of the time you felt worried, tense, or anxious?

PROBE: Since the same month a year ago.

YES 01 → **GO TO Q13.22**

NO 00

A. People differ a lot in how much they worry about things. Did you have a time in the past 12 months when you worried a lot more than most people would in your situation?

YES 01

NO 00 → **GO TO Q13.26**

13.22 Has that period ended or is it still going on?

ENDED 01

STILL GOING ON 02 → **GO TO Q13.22B**

A. How many months or years did it go on before it ended.

|__|__| # OF MONTHS **OR** |__|__| # OF YEARS

“ALL MY LIFE” OR “AS LONG AS
I CAN REMEMBER” 96

GO TO Q13.23

B. How many months or years has it been going on?

|__|__| # OF MONTHS **OR** |__|__| # OF YEARS

“ALL MY LIFE” OR “AS LONG AS
I CAN REMEMBER” 96

13.23 **INTERVIEWER: CHECK QS. 13.22A AND 13.22B. WAS THE
RESPONDENT WORRIED AND ANXIOUS FOR ...**

6 MONTHS OR LONGER, “ALL
MY LIFE” OR “AS LONG AS I
CAN REMEMBER?” 01

LESS THAN 6 MONTHS? 02 → **GO TO Q13.26**

13.24 (During that period, was your/is your) worry stronger than in other people?

YES 01

NO 00

A. (Did/Do) you worry most days?

YES 01

NO 00

B. (Did/Do) you usually worry about one particular thing, such as your job security or the failing health of a loved one, or more than one thing?

ONE THING 01

MORE THAN ONE THING 02

C. (Did/Do) you find it difficult to stop worrying?

YES 01

NO 00

D. (Did/Do) you ever have different worries on your mind at the same time?

YES 01

NO 00

E. How often (was/is) your worry so strong that you (couldn't/can't) put it out of your mind no matter how hard you (tried/try)--often, sometimes, rarely, or never?

CIRCLE ONE

OFTEN 01

SOMETIMES 02

RARELY 03

NEVER 04

F. How often (did/do) you find it difficult to control your worry--often, sometimes, rarely, or never?

CIRCLE ONE

OFTEN 01
 SOMETIMES 02
 RARELY 03
 NEVER 04

G. What sort of things (did/do) you mainly worry about?

PROBE: Any other main worries?

|_|_|

13.25 When you (are/were) worried or anxious, (are/were) you also . . .

	<u>YES</u>	<u>NO</u>
A. Restless?	01	00
B. Keyed up or on edge?	01	00
C. More irritable than usual?	01	00
D. Aware of your heart pounding or racing?	01	00
E. Easily tired?	01	00
F. Having trouble falling asleep or staying asleep?	01	00
G. Feeling dizzy or lightheaded?	01	00

13.25 H. INTERVIEWER: CHECK Q13.25A-G. DID THE RESPONDENT . . .

HAVE TWO OR MORE
"YES" RESPONSES? 01

HAVE 0-1 "YES"
RESPONSES? 02 → **GO TO Q13.26**

- I. Did you tell a doctor about your worry or about the problems it was causing? (By "doctor" I mean either a medical doctor or osteopath, or a student in training to be either a medical doctor or osteopath.)

YES 01

NO 00

- J. Did you tell any other professional (such as a psychologist, social worker, counselor, nurse, clergy, or other helping professional)?

YES 01

NO 00

- K. Did you take medication or use drugs or alcohol more than once for the worry or the problems it was causing?

YES 01

NO 00

- L. How much (did/does) the worry or anxiety interfere with your life or activities--a lot, some, a little, or not at all?

CIRCLE ONE

A LOT 01

SOME 02

A LITTLE 03

NOT AT ALL 04

13.26

CIDI
ALC

The next questions are about how frequently you drink alcoholic beverages. By a “drink” we mean either a bottle of beer, a wine cooler, a glass of wine, a shot of liquor, or a mixed drink. With these definitions in mind, what is the largest number of drinks you had in any single day during the past 12 months--none, between one and three, four to ten, eleven to twenty, or more than twenty drinks in a single day?

NOTE: IF RESPONDENT VOLUNTEERS “I never drink,” ACCEPT THE ANSWER AND CODE AS “NONE.”

NONE	00	} → GO TO Q13.34
1-3	01	
4-10	02	
11-20	03	
MORE THAN 20	04	

ALCOHOL EQUIVALENTS

Beer

1 12 or 16 oz bottle	= 1 drink
1 case of beer	= 24 drinks

Wine

1 4 oz glass of wine	= 1 drink
1 liter or quart bottle	= 6 drinks
1 wine cooler	= 1 drink

Hard Liquor

1 highball	= 1 drink
1 shot glass	= 1 drink
½ pint of liquor	= 6 drinks
1 pint of liquor	= 12 drinks
1 fifth of liquor	= 20 drinks
1 quart of liquor	= 24 drinks

13.27 In the past 12 months, was there ever a time when your drinking or being hung over interfered with your work at school, or a job, or at home?

YES	01
NO	00 → GO TO Q13.28
I AM A CASUAL/SOCIAL DRINKER (VOLUNTEERED) 02 → GO TO Q13.34	

A. How often did this happen? Was it . . .

CIRCLE ONE

1-2 times,	01
3-5 times	02
6-10 times,	03
11-20 times, or	04
More than 20 times?	05

13.28 During the past 12 months, were you ever under the influence of alcohol in a situation where you could get hurt--like when driving a car or boat, using knives or guns or machinery, or anything else?

YES 01

NO 00

I AM A CASUAL/SOCIAL
DRINKER (VOLUNTEERED) 02 → **GO TO Q13.34**

13.29 During the past 12 months, did you have any emotional or psychological problems from using alcohol such as feeling uninterested in things, feeling depressed, suspicious of people, paranoid, or having strange ideas?

YES 01

NO 00

I AM A CASUAL/SOCIAL
DRINKER (VOLUNTEERED) 02 → **GO TO Q13.34**

13.30 During the past 12 months, did you have such a strong desire or urge to drink that you could not keep from drinking?

YES 01

NO 00

I AM A CASUAL/SOCIAL
DRINKER (VOLUNTEERED) 02 → **GO TO Q13.34**

13.31 During the past 12 months, did you have a period of a month or more when you spent a great deal of time drinking or getting over the effects of alcohol?

YES 01

NO 00

I AM A CASUAL/SOCIAL
DRINKER (VOLUNTEERED) 02 → **GO TO Q13.34**

13.32 During the past 12 months, did you ever have more to drink than you intended to, or did you drink much longer than you intended to?

YES 01

NO 00 → **GO TO Q13.33**

I AM A CASUAL/SOCIAL
DRINKER (VOLUNTEERED) 02 → **GO TO Q13.34**

A. How often did this happen? Was it . . .

CIRCLE ONE

1-2 times, 01

3-5 times 02

6-10 times, 03

11-20 times, or 04

More than 20 times? 05

13.33 During the past 12 months, was there ever a time when you had to drink much more than you used to to get the same effect you wanted?

YES 01

NO 00

I AM A CASUAL/SOCIAL
DRINKER (VOLUNTEERED) 02

**SHOW CARD 17
(FOR 24 MONTH ONLY)**

HEROIN

HALLUCINOGENS (SUCH AS LSD, ANGEL DUST,
PEYOTE, ECSTASY, MDMA, Mescaline)

COCAINE

MARIJUANA OR HASHISH

INHALANTS YOU SNIFF OR BREATHE (SUCH AS
AMYL NITRATE, FREON, NITROUS OXIDE, WHIPPETS,
GASOLINE, SPRAY PAINT)

ANALGESICS OR OTHER PRESCRIPTION PAINKILLERS
(SUCH AS TYLENOL WITH CODEINE, DEMEROL,
DARVON, PERCODAN, CODEINE, MORPHINE,
METHADONE)

AMPHETAMINES OR OTHER STIMULANTS (SUCH AS
METHAMPHETAMINE, PRELUDIN, DEXEDRINE, RITALIN,
SPEED)

TRANQUILIZERS OR NERVE PILLS (SUCH AS LIBRIUM,
VALIUM, ACTIVAN, MEPROBAMATE, XANAX)

SEDATIVES, INCLUDING BARBITURATES OR SLEEPING
PILLS (SUCH AS SECONAL, HALCION, METHAQUALONE)

- 13.34 Before I ask you the next questions, I'd like to remind you that all the information you give us on this interview is confidential and will not be shared with Early Head Start or any other program.

**CIDI
DRUGS**

The next questions are about your use of drugs on your own. By "on your own" we mean either without a doctor's prescription, in larger amounts than prescribed, or for a longer period than prescribed. Please look at the list on this card [SHOW CARD]. We do not need to know about your use of a specific drug, just whether you've used any of these drugs. With this definition in mind, did you ever use any of these drugs on your own during the past 12 months?

**SHOW
CARD
17**

YES 01
NO 00 → **GO TO SECTION 14**

- 13.35 In the past 12 months, did your use of any of these substances ever interfere with your work at school, or a job, or at home?

YES 01
NO 00 → **GO TO Q13.36**

A. How often did this happen? Was it . . .

CIRCLE ONE

1-2 times, 01
3-5 times 02
6-10 times, 03
11-20 times, or 04
More than 20 times? 05

- 13.36 During the past 12 months, were you ever under the influence of any of these substances in a situation where you could get hurt--like when driving a car or boat, using knives or guns or machinery, or anything else?

YES 01
NO 00

13.37 During the past 12 months, did you have any emotional or psychological problems from using any of these substances such as feeling uninterested in things, feeling depressed, suspicious of people, paranoid, or having strange ideas?

YES 01
NO 00

13.38 During the past 12 months, did you have such a strong desire or urge to use any of these substances that you could not keep from using it?

YES 01
NO 00

13.39 During the past 12 months, did you have a period of a month or more when you spent a great deal of time using any of these substances or getting over their effects?

YES 01
NO 00

13.40 During the past 12 months, did you ever use much larger amounts of any of these substances than you intended to, or did you use them for a longer period of time than you intended to?

YES 01
NO 00 → **GO TO Q13.41**

A. How often did this happen? Was it . . .

CIRCLE ONE

1-2 times, 01
3-5 times 02
6-10 times, 03
11-20 times, or 04
More than 20 times? 05

13.41 During the past 12 months, was there ever a time when you had to use more of any of these substances than you used to to get the same effect you wanted?

YES 01
NO 00

SECTION 14

WRAP UP QUESTIONS FOR RESPONDENT

14.1 Before we finish up, I have a few questions about how typical today was.

Was this a typical day for (CHILD)?

PROBE: Don't count my being here.

YES 01 → **GO TO Q14.2**

NO 00

A. Why not?

PROBE: Any other reasons?

CIRCLE ALL THAT APPLY

CHILD WAS SICK OR
TEETHING 01

PARENT WAS SICK 02

CHILD OFF SCHEDULE (DID NOT
SLEEP, EAT, WAKE UP, ETC. AT
REGULAR TIME 03

CHILD BEHAVIOR DIFFERENT
IN OTHER WAY 04

FEWER CHILDREN AROUND
THAN USUAL 05

MORE CHILDREN AROUND
THAN USUAL 06

OTHER (SPECIFY) 07

TANTRUMS/ACTED UP/LESS
COOPERATIVE THAN USUAL ... 08

MORE COOPERATIVE THAN
USUAL/UNUSUALLY WELL
BEHAVED 09

B. How different was it? Was it . . .

CIRCLE ONE

Only slightly different, 01
Somewhat different, or 02
Really different? 03

14.2 How much did my presence disrupt the routine or affect your activities or (CHILD)'s? Would you say . . .

CIRCLE ONE

Only slightly, 01
Somewhat, or 02
A great deal? 03

14.3 Did you do anything differently because I was here?

YES 01
NO 00 → **GO TO Q14.4**

A. What did you do differently?

PROBE: Anything else?

CIRCLE ALL THAT APPLY

CHANGED ENVIRONMENT (CLEANED,
MOVED FURNITURE, ETC.) 01
INTERACTED LESS WITH
CHILDREN 02
INTERACTED MORE WITH
CHILDREN 03
FELT UNCOMFORTABLE 04
CHANGED BABY'S SCHEDULE (KEPT
AWAKE, DIDN'T FEED, ETC.) 05
OTHER (SPECIFY) 06

WOULD HAVE GONE OUT 07
WOULD HAVE CLEANED 08
WOULD HAVE SPANKED/POPPED/
SLAPPED CHILD OR CHILD'S HAND . . . 09

14.4 Did (CHILD) do anything differently because I was here?

YES 01

NO 00 → **GO TO Q14.5**

A. What did (CHILD) do differently because I was here?

PROBE: Anything else?

CIRCLE ALL THAT APPLY

SHOWED OFF 01

WATCHED THE OBSERVER 02

WAS QUIET, LESS ACTIVE 03

CRIED MORE 04

OTHER (SPECIFY) 05

_____ |__|__|

14.5 Was the daily routine different because I was here?

YES 01

NO 00 → **GO TO Q14.6**

A. What was different?

PROBE: Anything else?

CIRCLE ALL THAT APPLY

STAYED AT HOME OR INSIDE
WHEN WOULD HAVE GONE
OUT 01

DELAYED NAPS OR MEALS 02

OFFERED MORE ACTIVITIES
FOR CHILD 03

POSTPONED DOING CHORES,
PHONE CALLS, TAKING SHOWER,
HAVING FRIEND OVER 04

OTHER (SPECIFY) 05

_____ |__|__|

14.6 Has (CHILD) had a cold or other kind of respiratory infection in the past week?

scs

YES 01

NO 00

14.7 Last night, how did (CHILD) sleep? Did (he/she) sleep through the night or wake up?

scs

CIRCLE ONE

SLEPT THROUGH THE NIGHT . . . 01

WOKE UP DURING THE NIGHT
AND NEEDED CHANGING, TO
GO TO BATHROOM OR FOOD . . . 02

DID NOT SLEEP WELL 03

FOLLOW-UP INTERVIEW WITH CHILD CARE PROVIDER

14.8 **CHECK QUESTION 4.13A. IS THERE AN ELIGIBLE PROVIDER?**

YES 01

NO 00 → **GO TO Q14.10-0**

FULL NAME OF PROVIDER OR CENTER: _____

PROVIDER ID:

|_|_|_|_|_|_|_|_|_|

- 14.9 For another part of this study we would like to spend a little time with (CHILD) when (he/she) is in child care. We would like your consent to contact (PROVIDER) and ask (him/her/the center) if we may observe (CHILD) when (he/she) is there. We will give (PROVIDER/CENTER) \$20 for participating.

Is it okay for us to contact (PROVIDER/CENTER)?

YES 01

NO 00 →

**TRY AND ADDRESS
CONCERNS, IF STILL A
REFUSAL, GO TO Q14.10**

- A. In order for us to contact (PROVIDER), we would like you to sign this consent form so that (PROVIDER) will know that you have given your okay for this visit. We would not want to ask (PROVIDER) to let us in without being able to show (him/her/them) something from you.

HAND RESPONDENT CONSENT FORM AND READ WITH HER

- B. Please tell me (his/her/THE CENTER'S) address and telephone number.

ADDRESS: _____

PHONE NUMBER: () - _____ - _____

- C. We would appreciate your telling (PROVIDER) that we will be calling (him/her/them) in a few days.

FOLLOW-UP INTERVIEW WITH FATHER/FATHER-FIGURE

14.10-0 INTERVIEWER: IS SITE PART OF FATHER STUDY?

YES 01
NO 00 → **GO TO Q14.15,
PAGE 107**

NOTE TO INTERVIEWER: IF YOUR SITE IS NOT VIDEOTAPING FATHERS, DROP THE WORDING IN BRACKETS. THIS VISIT WILL ONLY BE 1 HOUR.

14.10 INTERVIEWER: CHECK QUESTIONS 5.2 AND 5.3

A. DOES CHILD LIVE WITH (HIS/HER) BIOLOGICAL FATHER?

YES 01 → **GO TO Q14.11**
NO 00

B. CHILD HAS ...

NON-RESIDENT BIOLOGICAL
FATHER BUT **NO** FATHER-
FIGURE 01
NO IDENTIFIED FATHER—**ONLY**
A FATHER-FIGURE 02

→ **GO TO Q14.11**

NON-RESIDENT BIOLOGICAL
FATHER **AND** A
FATHER-FIGURE 03 →

**FOLLOW INSTRUCTIONS
IN BOX BELOW**

NO BIOLOGICAL FATHER
(RESIDENT OR NON-RESIDENT)
AND NO FATHER-FIGURE 04 → **GO TO Q14.15**

IF YOUR SITE WILL ONLY INTERVIEW ONE FATHER OR FATHER-FIGURE, **GO TO Q14.12.**

IF YOUR SITE WILL INTERVIEW BOTH THE NON-RESIDENTIAL FATHER AND THE FATHER-FIGURE, **GO TO Q14.13.**

14.11 (BIOLOGICAL FATHER **OR** FATHER-FIGURE ONLY—CHOOSE APPROPRIATE LANGUAGE)

We would like to have a chance to talk to (FATHER/FATHER-FIGURE) and ask him some of the same types of questions we have asked you. [And we'd also like to videotape him playing with (CHILD).] The interview [and videotaping] will take about 1 [½] hours and we would give him \$20 to thank him for helping us learn more about (CHILD) and his relationship with (him/her).

A. What is his full name?

GO TO Q14.14, PAGE 106

14.12 (CHILD HAS BOTH NON-RESIDENT BIOLOGICAL FATHER **AND** FATHER-FIGURE)

We would like to have a chance to talk to the man who spends the most time with (CHILD) and is most important in (his/her) life. We would like to ask this person some of the same types of questions we have asked you. [And we'd also like to videotape him playing with (CHILD).] The interview [and videotaping] will take about 1 [½] hours and we would give him \$20 to thank him for helping us learn more about (CHILD) and his relationship with (him/her).

REFER TO (Q5.14, Q5.15, Q5.16) AND (Q5.30 AND Q5.31).

I see from what you told me earlier that (CHILD) spends more time with (NON-RESIDENT FATHER OR FATHER-FIGURE) than with (NON-RESIDENT FATHER OR FATHER-FIGURE). Is (NON-RESIDENT FATHER OR FATHER-FIGURE) the person I should interview (and videotape with [CHILD])?

YES 01 → **GO TO B**

NO 00 → **GO TO A**

A. Why do you feel we should interview (FATHER/FATHER-FIGURE)? **RECORD VERBATIM**

|_|_|

B. RESPONDENT'S CHOICE IS ...

NON-RESIDENT FATHER 01

FATHER-FIGURE 02

C. What is his full name?

GO TO Q14.14, PAGE 106

SITE INTERVIEWING BOTH FATHER/FATHER-FIGURE ONLY:

14.13 We would like to talk to both (CHILD)'s father and the man who spends the most time with (CHILD) and is important in (his/her) life and is like a father to the child. We'd like to ask these persons separately some of the same types of questions we have asked you. [And we'd like to videotape the FATHER-FIGURE playing with (CHILD).] The interview [and videotape] would take about 1 [½] hour[s] and we would give them each \$20 to thank them for helping us learn more about (CHILD) and his relationship with (him/her).

A. Is (FATHER-FIGURE) the person we should interview as the (CHILD)'s father-figure?

YES 01 → **GO TO B**

NO 00

A-1. Is there somebody else we should interview that you feel is an important man in (CHILD)'s life?

YES 01

NO 00 → **GO TO E**

A-2. Who would that person be?

NAME: _____

A-3. So we can understand the change, please tell me why you feel we should interview (NEW) instead of (OLD).

|_|_|_|

B. Is he available now to talk with me about the interview?

YES 01

NO 00 → **GO TO Q14.13E**

C. May I talk to (FATHER-FIGURE) now to discuss this study with him?

YES 01 → **GO TO Q14.13E**

NO 00

D. Please tell (FATHER-FIGURE) that we will be calling him to discuss this study. I would like to leave this letter with you for him. The letter explains the study. When would be the best time for me to reach him?

RECORD DATE AND TIME ON CONTACT SHEET

E. When it comes to (NON-RESIDENT BIOLOGICAL FATHER), do you have any objections to us attempting to reach him to be in this study? We will not be asking him to be videotaped with (CHILD).

YES 01 → **GO TO G**

NO 00

F. 1) What is the best way to reach him?

2) Please tell me (NON-RESIDENT BIOLOGICAL FATHER)'s address and telephone number.

GO TO Q14.14

- G. It is possible that some of the fathers will hear about this study and will ask us to become a part of it. If he approaches us, we'd still like to talk with him. If he calls us, may we talk with him? We will not be asking him to be videotaped with (CHILD).

RECORD HER RESPONSE

CONTINUE WITH Q14.15

14.14 IS FATHER/FATHER-FIGURE PRESENT?

YES 01

NO 00 → **GO TO B**

- A. After we finish, may I talk to (FATHER/FATHER-FIGURE) to discuss this study with him?

YES 01 → **GO TO Q14.15**

NO 00

- B. Please tell (FATHER/FATHER-FIGURE) that we will be calling him (in a month or two) to discuss this study. I would like to leave this letter with you for him. The letter explains the study. When would be the best time for me to reach him?

RECORD DATE AND TIME ON CONTACT SHEET

- C. What is the best phone number for me to use to reach (FATHER/FATHER-FIGURE)?
-

D. IS THIS A NON-RESIDENT FATHER/FATHER-FIGURE?

YES 01

NO 00 → **GO TO Q14.15**

1) Please tell me (FATHER/FATHER-FIGURE)'s address

2) If we have trouble reaching (FATHER/FATHER-FIGURE), is there someone else who would be able to help us find (father/father-figure).

14.15 IS YOUR SITE DOING VIDEOTAPING OF THE CHILD AND A FATHER OR FATHER-FIGURE?

YES 01

NO 00 → **GO TO Q14.16**

A. HAVE YOU IDENTIFIED A NON-RESIDENT FATHER OR NON-RESIDENT FATHER-FIGURE AS THE PERSON TO VIDEOTAPE?

YES 01

NO 00 → **GO TO Q14.16**

B. READ THE "REQUEST TO VIDEOTAPE CHILD AND FATHER/FATHER-FIGURE" FORM WITH THE PARENT AND ASK HER TO SIGN THE FORM.

TRACKING INFORMATION AND INTERVIEWER OBSERVATIONS

Thank you for letting me spend this time here. I would like to thank you for participating in the survey and will give you \$15 and this gift in just a few minutes. We plan to contact you again in a few months and we need to know how to get in touch with you.

INTERVIEWER: VERIFY ALL INFORMATION ON CONTACT SHEET AND PEOPLE WHO CAN HELP FIND ME FORM, THEN ASK:

Is there anyone else I can contact who will know how to get in touch with you?

INTERVIEWER: COLLECT NAMES, ADDRESSES, PHONE NUMBERS AND RELATIONSHIPS OF PEOPLE WHO CAN HELP FIND RESPONDENT. WRITE INFORMATION CLEARLY ON PEOPLE WHO CAN HELP FIND ME FORM.

A. IF POSSIBLE, BE SURE TO COLLECT TRACKING INFORMATION FOR RESPONDENT'S:

- PARENTS
- GRANDPARENTS
- SIBLINGS

B. CROSS OUT ANY CONTACTS THAT ARE NO LONGER VALID.

C. UPDATE AND CORRECT THE INFORMATION FOR CONTACTS THAT ARE STILL VALID.

USE BACK OF PEOPLE WHO CAN HELP FIND ME FORM FOR ADDITIONAL INFORMATION IF NECESSARY.

14.16 IS THE (FATHER/FATHER-FIGURE) AVAILABLE NOW?

YES 01 →

Read in-person contact script to him.

NO 00 → **CONTINUE WITH CLOSING**

14.17 **CLOSING**

Thank you very much. Those are all our questions. We'll be back in touch in a few months.

SECTION 15
INTERVIEWER OBSERVATIONS OF HOME ENVIRONMENT

INTERVIEWER: PLEASE COMPLETE THIS SECTION AFTER YOU LEAVE THE RESPONDENT'S HOME.

ANSWER ON THE BASIS OF YOUR PERSONAL OBSERVATIONS OF THE HOME AND THE MOTHER/CHILD INTERACTIONS AT THE TIME OF YOUR VISIT.

**DO NOT BASE ANSWERS TO QS. 15.1-15.3
ON MOTHER'S ACTIONS DURING VIDEOTAPING**

- 15.1 PARENT SPONTANEOUSLY VOCALIZED TO CHILD TWICE (COULD HAVE BEEN SOUNDS OR RANDOM WORDS--SPONTANEOUS IS THE IMPORTANT CONCEPT, DOES NOT COUNT IF MOTHER'S VOCALIZATION WAS IN RESPONSE TO CHILD'S VOCALIZATION).

VOCALIZED 01

DID NOT VOCALIZE 00

- 15.2 PARENT RESPONDED VERBALLY TO CHILD'S VOCALIZATIONS (SOUNDS OR WORDS, IMPORTANT POINT IS THAT MOTHER DID NOT IGNORE CHILD. IF CHILD NEVER VOCALIZED TO MOTHER: SCORE AS AUTOMATIC "DID NOT RESPOND").

RESPONDED 01

DID NOT RESPOND 00

- 15.3 PARENT TOLD CHILD THE NAME OF AN OBJECT OR PERSON DURING VISIT (MOTHER'S SENSITIVITY TO CHILD'S SEARCH FOR NAMES OF OBJECTS AROUND (HIM/HER)--NEED NOT BE AS DIRECT AS "THIS IS AN APPLE", BUT THE PARENT'S STATEMENT MUST CLEARLY LABEL SOME OBJECT OR PERSON, NOT JUST USE THE WORD IN A SENTENCE. FOR EXAMPLE, "GO GET X" SHOULD NOT COUNT BECAUSE PARENT IS NOT TEACHING CHILD THE NAME OF ANYTHING).

INTERVIEWER: INCLUDE BABY WORDS AS 01.

TOLD CHILD 01

DID NOT TELL CHILD 00

- 15.4 PARENT'S SPEECH WAS DISTINCT AND AUDIBLE (SCORE POSITIVE IF YOU COULD UNDERSTAND AND COMMUNICATE WITH MOTHER--DO NOT SCORE NEGATIVELY FOR DIALECTS). NOT DISTINCT INCLUDES SLURRED, MUMBLING OR TROUBLE ARTICULATING WORDS.
- DISTINCT 01
NOT DISTINCT 00
- 15.5 PARENT INITIATED VERBAL EXCHANGES WITH VISITOR (SHOULD HAVE SPONTANEOUSLY MADE A FEW COMMENTS OR ASKED A FEW QUESTIONS OR BEEN A LITTLE WORDY AT TIMES).
- INITIATED 01
DID NOT INITIATE 00
- 15.6 PARENT CONVERSED FREELY AND EASILY (REFERS TO CHARACTERISTIC SPEECH PATTERN DURING VISIT--IF TYPICALLY SPOKE IN ONE WORD SENTENCES OR HEADSHAKES, SCORE AS "00").
- CONVERSED 01
DID NOT CONVERSE 00
- 15.7 PARENT SPONTANEOUSLY PRAISED CHILD AT LEAST TWICE (ANY ACHIEVEMENT NOTED WITH PRIDE, E.G., CAN DRESS HIMSELF, HAS A GOOD DISPOSITION. IMPORTANT THAT YOU READ THE MOTHER'S AFFECT, SOMETIMES NEGATIVE COMMENTS ARE REALLY POSITIVE REMARKS).
- INTERVIEWER: PRAISE MAY BE DIRECT TO CHILD OR TOLD TO YOU ABOUT CHILD.**
- PRAISED 01
DID NOT PRAISE 00
- 15.8 PARENT'S VOICE CONVEYS POSITIVE FEELINGS TOWARD CHILD (WAS TONE OF VOICE ANIMATED, OR FLAT AND IRRITATED)?
- POSITIVE 01
NOT POSITIVE 00

- 15.9 PARENT CARESSED OR KISSED CHILD AT LEAST ONCE (E.G., CAN INCLUDE HUGGED, STROKED HAIR, PATTED ARM OR LEG, AFFECTIONATELY REACHING OUT, BLOWING A KISS).

CARESSED 01

DID NOT CARESS 00

- 15.10 PARENT DID NOT SHOUT AT CHILD (E.G., DID NOT RAISE VOICE ABOVE LEVEL REQUIRED BY DISTANCE BETWEEN MOTHER AND CHILD).

INTERVIEWER: DO NOT CODE MOTHER SHOUTING TO WARN CHILD OF DANGER OR STOP CHILD FROM BEING IN DANGER AS "SHOUTED".

DID NOT SHOUT 01

SHOUTED 00

- 15.11 PARENT DID NOT EXPRESS ANNOYANCE WITH OR HOSTILITY TOWARD CHILD (SHOULD SCORE AS "00" IF MOTHER COMPLAINED ABOUT CHILD IN A MANNER THAT DID NOT SUGGEST AN AFFECTIONATE JOKE. COULD HAVE TOLD CHILD TO STOP DOING SOMETHING SEVERAL TIMES AND STILL RECEIVE A POSITIVE SCORE IF GENERAL TONE WAS POSITIVE).

DID NOT EXPRESS ANNOYANCE ... 01

EXPRESSED ANNOYANCE 00

- 15.12 PARENT NEITHER SLAPPED NOR SPANKED CHILD DURING THE VISIT (IF UNCERTAIN ABOUT A PARTICULAR ACTION, NOTE CHILD'S BEHAVIOR--IF [HE/SHE] WHIMPERED OR CRIED OR FROWNED SCORE AS "00").

DID NOT SLAP 01

SLAPPED 00

- 15.13 PARENT DID NOT SCOLD OR CRITICIZE CHILD DURING THE VISIT (MUCH LIKE Q15.11, MAIN DIFFERENCE--MOTHER MADE NEGATIVE COMMENT DIRECTLY TO CHILD (E.G., "YOU ARE A BAD BOY/GIRL").

DID NOT SCOLD 01

SCOLDED 00

- 15.14 PARENT DID NOT INTERFERE OR RESTRICT CHILD MORE THAN 3 TIMES (RESTRICTIONS CAN BE VERBAL ("STOP THAT") AS WELL AS PHYSICAL (SLAPPED HAND, TOOK TOY AWAY, PUT CRAWLING CHILD IN CRIB OR PLAY PEN) DO NOT COUNT AS NEGATIVE ACTION TAKEN TO PREVENT CHILD FROM HARMING [HIM/HER]SELF).
- DID NOT INTERFERE 01
INTERFERED 00
- 15.15 CHILD'S PLAY ENVIRONMENT IS SAFE (E.G., WITHOUT THINGS SUCH AS UNCOVERED ROTARY FAN, BOARDS WITH NAILS STICKING OUT, UNPROTECTED STAIRS FOR PREWALKING BABY, POT HANDLES STICKING OVER THE STOVE, EXPOSED ELECTRICAL OUTLETS).
- SAFE 01
NOT SAFE 00
- 15.16 PARENT PROVIDED TOYS FOR CHILD DURING THE VISIT (MOTHER MADE A SPECIAL EFFORT TO HAVE SOMETHING INTERESTING FOR THE CHILD TO DO DURING THE INTERVIEW).
- PROVIDED TOYS 01
DID NOT PROVIDE 00
- 15.17 PARENT KEPT CHILD IN VISUAL RANGE WHEN CHILD WAS NOT CARED FOR BY SOMEONE ELSE, LOOKED OFTEN AT HIM/HER (OFTEN MEANS ENOUGH TO ENSURE SAFETY OF CHILD AND TO KEEP SOME KIND OF INTERPERSONAL CONTACT WITH (HIM/HER). FOR AN OLDER CHILD INTERPRET THIS AS WITHIN THE HOUSE OR APARTMENT).
- IN RANGE 01
NOT IN RANGE 00
- 15.18 DURING THE ENTIRE VISIT, HOW AT EASE DID THE PARENT APPEAR?
- VERY UNCOMFORTABLE 01
SLIGHTLY ILL AT EASE 02
MODERATELY COMFORTABLE 03
COMPLETELY COMFORTABLE
AND AT EASE 04

- 15.19 DURING THE ENTIRE VISIT, HOW DISRUPTIVE DO YOU THINK YOUR PRESENCE WAS?
- NOT AT ALL DISRUPTIVE 01
 - MINIMALLY DISRUPTIVE 02
 - MODERATELY DISRUPTIVE 03
 - HIGHLY DISRUPTIVE 04
- 15.20 DURING THE ENTIRE VISIT, HOW MUCH DID THE CHILD TRY TO INTERACT WITH YOU?
- DIDN'T NOTICE YOU AT ALL 01
 - A FEW GLANCES OR SMILES ONLY 02
 - QUITE NUMEROUS GLANCES, SMILES, VOCALIZATIONS 03
 - PROLONGED WATCHING AND NUMEROUS ATTEMPTS TO INTERACT 04
- 15.21 **INTERVIEWER: ANSWER THESE QUESTIONS ABOUT YOUR KNOWLEDGE OF THE TREATMENT STATUS OF THE FAMILY.**
- A. DO YOU KNOW THE TREATMENT STATUS OF THIS FAMILY?
- YES 01
 - NO 00 → **GO TO Q5.22**
- B. WHEN DID YOU FIND OUT?
- BEFORE VISIT--FROM EARLIER CONTACT 01
 - BEFORE VISIT--FROM OTHER STAFF 02
 - DURING VISIT 03

15.22 INTERVIEW CONDUCTED IN:

ENGLISH 01

SPANISH 02

OTHER LANGUAGE (SPECIFY) 03

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15.23

I HAVE READ THIS COMPLETED QUESTIONNAIRE AND CERTIFY THAT ALL QUESTIONS REQUIRING ANSWERS HAVE BEEN APPROPRIATELY FILLED IN, AND THAT THIS INTERVIEW HAS BEEN ADMINISTERED TO THE DESIGNATED SAMPLE MEMBER.

INTERVIEWER ID NUMBER
|_|_|_|_|

DATE

15.24 WAS SECTION 7B--WOODCOCK JOHNSON CONDUCTED IN:

ENGLISH 01

SPANISH 02

15.25 WAS SECTION 10--MacARTHUR CONDUCTED IN:

ENGLISH 01

SPANISH 02